“EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING FIRST AID AND SAFETY MEASURES AMONG SCHOOL CHILDREN IN SELECTED SCHOOL AT MADURAI .”

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CERTIFICATE

This is to certify that this dissertation titled **" EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING FIRST AID AND SAFETY MEASURES AMONG SCHOOL CHILDREN IN SELECTED SCHOOL AT MADURAI ."** *is the bonafide work done by* ***Mr.J.Absar Hussain,*** *College of Nursing, Madurai Medical College, Madurai-20 submitted to* **THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI-32** *towards the partial fulfillment of the requirements for the award of the Degree of* ***MASTER OF SCIENCE IN NURSING****, Brach-II Child Health Nursing, under our guidance and supervision during the academic period from 2012-2014.*

Mrs. S.POONGUZHALI,
M.Sc (N)., MA., MBA., Ph.D
PRINCIPAL,
College of Nursing,
Madurai Medical College,
Madurai.

Dr. B.SANTHAKUMAR, M.Sc(F.Sc).,
MD(FM).,PGDMLE.,Dip.ND(FN).,
DEAN,
Madurai Medical College,
Madurai.

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ABSTRACT

Title : **"A study to assess the effectiveness of self instructional module on knowledge regarding first aid and safety measures among school children in selected school at Madurai ."**

Objectives of the study: To evaluate the effectiveness of self Instructional module by comparing the pretest and post test knowledge of school children. **Hypothesis: H_1**: There was a significant difference between pretest and post test knowledge score regarding first aid and safety measures among the school children.**H2 :** There was significant association between post test score with the selected demographic variables. **Conceptual framework:** The conceptual frame work for this study was derived from general system theory (Ludwig Von Bertlanffy, 1968). According to general system theory, system is a set of interacting parts in a boundary which makes the system work well to achieve its overall objectives. General system theory is useful in breaking the whole process into essential task to assure goal realization. **Research approach**: Quantitative approach. **Research Design:** Pre experimental one group pretest post test design. **Dependent variable:** Knowledge. **Independent variable:** Self Instructional Module. **Setting:** Govt., Elango higher secondary school, Shenay Nagar at Madurai. Sampling Technique: Simple random sampling. **Intervention :** Self Instructional Module. **Research Tool:** demographic data, structured questionnaire. **Statistical analysis:** Both descriptive and inferential statistical methods were used. **Data analysis and interpretation:** The pre test mean score was 10.58, standard deviation was 1.71 and the mean% was 52.9. The post test mean score was 14.94, standard deviation was 1.39 and the mean% was 74.7. The difference in mean% was 21.8. The calculated 't' value of 22.31 which showed high statistical significance at $p<0.001$ level. There was no significant association of post test level of knowledge with any of the demographic variables.

Conclusion: The present study assessed the knowledge of school children regarding first aid and safety measures, the school children had inadequate knowledge regarding first aid safety measures. After reading Self Instructional Module, there was a significant improvement in school children knowledge regarding first aid and safety measures.

CHAPTER-1

INTRODUCTION

“If a child lives with approval he learns to like himself”

---(Joel hardy)

Over the past century, focus of health has shifted to disease prevention, health promotion and wellness. Today, society is complex and ever changing. As children grow, they must learn not only to cope with the current demands but also to prepare for many unexpected events that they will face in their tomorrows. School age Children become more independent with age. This independence leads to an increased self confidence and decreased fears, which may contribute to accidents and injuries. Children are the gift to this world; and hence it is the responsibility of the society to nurture and take care of them.

Children are the young people who represent the country in future. Their health needs are vital and they share the entitlement to good health and quality health services to the rest of the community. Children and adolescents have the right to knowledge and skill about health in the Universal Declaration of children’s rights.

School children continue to learn the values and competencies which they will bring in to the adult world. Their continued achievement depends on a variety of family factors, including parental expectation, stimulation and guidance. Therefore parents assist the children to develop their skills and conscience towards their understanding.

Children gain new ideas from adults outside the family: teachers, parents of their friends, television, newspaper, textbooks and of fiction**.** Ideally each child is accepted as an individual different from other children.

Basic first aid knowledge helps children to deal with emergency situations. Everyone needs to teach children about being mentally prepared for emergencies. Children should be taught about different first aid measures, both at home and at school, which helps emphasize the importance of child safety. This enables them overcome difficult situations like injuries, burns and outdoor emergencies. First aid is all about using common sense in the hour of need**.**

School age children are very active at home, in the community and at the school. This increased activity and time away from parents increases the risk for unintentional injuries .The death rate in children between 5 to 10 years of age is less than younger children. Each year, 20% to 25% of all children sustain an injury to seek medical attention or to miss the school.

First aid is not only just about helping crash victims at the roadside. But also calming an injured person or as profound as saving a life. Certain self limiting illnesses or minor injuries may not require further medical care immediately if first aid is given. It aims to preserve and protect life, prevent further injury or deterioration of illness and help to promote recovery. The internationally accepted symbol for first aid is the white cross on a green background

There are 50 species of poisonous snakes in India. Majority of morbidity and mortality are due to 5 species and it is reported that 20,000 snakebites and 15,000 deaths occur annually in India.

In India's states with the highest number of snake bite cases are in Maharastra, West Bengal, Kerala, Andrapradesh and Tamilnadu. Majority incident happen in male's age group of 11 to 50 years and the highest incidence are in evening and midnight. Most common bites are seen in lower extremities.

The first hour after injury's the golden hour. It is estimated that 50% of deaths occur within first hour of an accident,30% between one hour and one week, and 20% occur after first week.

In US 3925 fire related deaths occurred in the year 2003, and out of these deaths 85% were involved in structural fire while 12% in vehicle fire for children under 14years. The US death rate is such that more than 600 children die each year from unintentional fire and burn related injuries.

Grand Rounds Presentation, 2002 estimated 5-14% of Americans can be expected to have a nosebleed each year. Of those, only about 10% will see a physician. 10% of that number will eventually be evaluated by an otolaryngologist. This generally means that by the time a patient is referred to a specialist his/her epistaxis should be taken seriously**.**

Globally 40, 000-60, 000 deaths occur due to Rabies. In India 30,000 death occur due to Rabies. In Madurai (2008-2009) death rate was reported at seven among school children and the state government insist on the importance of prevention of rabies by anti rabies vaccine, which is available in all Government hospital for those victims of dog bites.

While dog accounts for 90%to 96% of animal bites, 62% of bites are by puppies. Other domestic animals capable of transmitting rabies are cat, foxes and rodents. Based on the epidemiological patterns of rabies the countries of the region have been classified a high, intermediate, Low and zero incidence countries. High incidence: >1000 cases/year- Bangladesh, India. Intermediate: 100-1000cases/year Myanmar, Srilanka, Indonesia. Low incidence < 100cases/year Bhutan, Kerala, Nepal, Thailand, Zero incidence: Maldives.

The Hump-nosed Pit viper is a member of the Pit viper family which can be found in Kerala, Karnataka, Maharashtra, Goa, Tamil Nadu and possibly adjacent states of pit viper families, of snakes there are about 15 kind in India, which have been regarded as mildly venomous for the past 100 years.

School age children are eager to help parents with their working and ironing. They are very curious about play with fire and matches. Serious burns can occur from any exposure to fire. Educate the children about hazards of fire and proper behavior around fires at home and outdoors. All school should have fire escape plans to save the life of every citizen.

Domestic burns prevention in India highlighted the strategy for awareness creation regarding burns prevention. Community awareness programs and school education programme for the target group of school children of eighth standard were conducted in Jaipur. The programs include audio visual presentations as well as face to face interactions regarding structure and arrangements in the kitchen, careful use of electrical appliances etc. The discussions also include suicidal and homicidal burns prevention strategies. The growing awareness about burn prevention among school children and community members speak about the success strategies.

1.1 NEED FOR THE STUDY

"Show compassion and mercy to the needy people "

(Holy Bible)

As we approached the twenty first century lifestyles throughout the different global regions, are changing rapidly, deeply affecting the working condition, living environmental characteristics of occupational and occupational hazards. In such a milieu it is imperative that every responsible citizen should have sufficient knowledge of rendering first aid to the sick or injured persons till the victims reach the safe hands of qualified personnel**.**

Fire and burn injuries account for a significant number of unintentional injuries. Children playing with matches and lighters are the leading cause of death in residential fire for children. Under five, children are twice likely to die, when compared with the rest of the population due to fire. Children, aged up to 4yrs comprise 20% and 5-14yrs 10% of all patients with burns.

Drowning happens quickly and without warning, it is the second leading cause of injury related death for children between 1to 14yrs of age group. Drowning is the cause of approximately 7000-8000 death each year in the US. Many deaths due to drowning occur also in older school age children and adolescents. It occurs in freshwater, bathtub, streams, lakes, river and buckets of water.

Seizures affect about 2.3 million Americans. At least 8% of the general population will experience one or more seizure in a lifetime. The common factors may trigger seizure in children include emotional stress, sleep deprivation, fatigue, fever, illness, menstrual cycle, heat, fasting etc.

Division of injury and control state that injuries in children are probably the most under recognized child health problem that exist today with long lasting effects that go for beyond that mortality statistics present. Falls are the fifth ranked causes of death among boys while the fourth ranked among girls from 1 to 4years of age.

Scorpion bite is quite common. A research for treatment of Scorpion Bite is undertaken at Walawalkar Hospital. However, proper treatment thereof is not yet available in most of the villages. Villagers by and large depend on Vaidus, Tantra,

Mantra etc. in the absence of reliable treatment. Kankan coastal scorpions are cardio toxic. Research is being conducted on the treatment modality of the scorpion bite, taking into account the long-term effects thereof, on the patients.

Scorpion sting is a dramatic life threatening medical emergency in villages and subtropical countries. In India Red scorpion and black scorpions are of medical importance, and it is commonly found in wood, banana, bedding, shoes, clothing and felt in the ground etc.

School age children are eager to develop skills and participate in meaningful and socially useful work. They acquire a sense of personal and interpersonal competence. School age children have developed more refined muscular coordination and can apply their cognitive capacities to their behavior. The more positive children feel about themselves, the more confident they will be trying for success in the future. School serves as the agent for transmitting the values of society to each succeeding generation of children.

First aid is a measure to save the life of the person. India is one of the largest developing countries in the world; it constitutes around 20% of school going children. The future of our country rests on the children who will become the future citizens and leaders. Care for the children is not only vital in itself but the most important aspect of the health of the community as a whole**.**

India - a country of over a billion people - is today one of the youngest countries in the world. Nearly one third of its population is under 15 years of age. Economists and advocates of developments have repeatedly stressed that India needs to provide far greater access to improved healthcare and education for this young population.

Fall from bicycles and skating devices cause significant number of head injuries in school children. The most important aspect of bicycle safety is to encourage the rider to wear a protective helmet**.**

In India there were more boys than girls. Most (1354 [46.9%]) of the accidents had occurred at home and schools. Falls and sports-related accidents were the leading causes of injury (in 1088 [37.7%] and 560 [19.4%] of the cases respectively). Most of the visits were for minor injuries (bumps, swellings, cuts, bruises and scrapes), and

only 114 (4.0%) of the children were admitted to the hospital. Injuries from motor vehicle accidents accounted for the highest admission rate (17.4%). Important information regarding the circumstances surrounding the events (e.g., whether a seat belt or car seat was used) was frequently missing from the charts.

In Karnataka the prevalence of dental injury was 18.9%. There was no statistical difference in the prevalence between boys and girls ($P = 0.103$). The main types of accidents that resulted in dental injuries were falls and collisions with objects or people. So the students should need to learn first aid activities to stabilize the victim.

In Bangalore 10 and 12 year old pupils suffered most injuries in school grounds/playgrounds, on concrete, or on grass/soil surfaces due to random activities resulting in striking or being struck by objects/persons, tripping or slipping, and sports (mainly football); 65.5% of these activities were not supervised and 67.4% occurred "out of lessons"; 22% sustained fractures or dislocations, 28.2% needed follow up treatment, and 1.4% were admitted.

As a nurse educator she has a greater role to educate the school children regarding various aspect of health like hand washing, waste disposal, prevention of accidents, safety needs, first aid etc. Since the investigator is also one among them. She needs to contribute a small portion to this life saving measures through this minor study. So let’s all (Nurses , Children and Public) take it as a challenge to save the life and promote the well being of children and community who are tomorrow’s kings and queens.

A Study conducted in the Union Territory of Chandigarh is one of the modern cities in India with an area of 114 sq. Km with population of about 1 million and a high literacy rate of 81.6%. Large number of young people comes to the city for pursuing education from neighboring and far states such as North Eastern State. Total number of students studying in these classes was approximately 5000. 4 classes from each school were covered. Systemic random sampling method was used. Every 2nd child was enrolled for the study. Hence on an average 90-100 students were taken from each school. The total number of students who were covered was 972. Of the total students, information regarding knowledge about accidents, use of vehicles, traffic safety, various risk factors and their practices was recorded on predesigned

format. Information was collected by trained team of doctors & social workers in school premises after taking consent from the Principals and students

A study on self-reported motorcycle riding behavior among school children in India on first aid safety measures among underage users of motorcycles are seldom seen in literature. This study was done in Yamunanagar, India where boys as young as 8 years ride motorcycles. It attempts to find out the behavioral and non-behavioral factors leading to motorcycle use and the predisposition to accidents and first aid and safety measures among male school children aged between 12 and 13 years. A questionnaire was used to evaluate those factors among 1760 subjects in 38 schools. Fifteen percent of subjects had an accident while riding motorcycle. Most of the behavioral and all the non-behavioral factors have a statistically significant influence on accident proneness. Aggressive behavior and previous encounter with the police are the two strong predictors of accidents. Children as riders are exposed to higher risks of accident and longer life with disability. It also explains how these children behaviorally take up adult roles and seek adult risk taking attitudes. The implications of child motorcycle riders upon children themselves and on the society are discussed for a greater discourse on road safety motorcycle riding policy and to highlight the behavioral and non-behavioral factors that are associated with traffic accidents.

1.2 STATEMENT OF THE PROBLEM

"A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING FIRST AID AND SAFETY MEASURES AMONG SCHOOL CHILDREN IN SELECTED SCHOOL AT MADURAI ."

1.3 OBJECTIVES OF THE STUDY

- To assess the pretest level of knowledge on first aid and safety measures among school children
- To evaluate the effectiveness of self Instructional module by comparing the pretest and post test knowledge of school children.
- To associate post test score with selected demographic variables like (age, family income, type of family, family size, religion, place of residence, food

habit, parent education and occupation status) on first aid and safety measures among school children.

1.4 HYPOTHESES:

H_1: There will be a significant difference between pretest and post test knowledge score regarding first aid and safety measures among the school children.

H2 : There will be significant association between post test score with the selected demographic variables.

1.5 OPERATIONAL DEFINATIONS

Effectiveness: It refers to the extent to which the Self instructional module on first aid safety measures has achieved the desired effect in improving the knowledge of school children as evident from gain in the knowledge score .

Self instructional module: It is a set of learning activities consists of the knowledge regarding first aid and safety measures among school children.

Knowledge : In this study knowledge refers to the correct response from the school children regarding the first aid and safety measures. It will be measured by unstructured questions.

First aid : The first aid is the help given to an injured person until medical treatment is available.

Safety measures : The condition of being safe, free from danger regarding road safety, using of subway, footbridges, safety in public places like park, swimming pool etc..

School children : Students who are in the age group of 11 to 14 years (6^{th} -7^{th} std.)

1.6 ASSUMPTION.

- The Children possess inadequate knowledge regarding first aid and safety measures.
- Self Instructional module will improve the knowledge regarding first aid and safety measures.

1.7 DELIMITATIONS

- The setting of the study is limited to a selected school at Madurai.
- The sample size is limited to 50 subjects.
- The study period is limited to 6 weeks.

1.8 PROJECTED OUTCOME

1. The study will help to identify the level of knowledge of school children at selected school at Madurai.
2. Self Instructional Module will definitely improve the knowledge on first aid and safety measures among the school children..
3. The findings of the study will help the health professional to gain knowledge for further research.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an important step in the development of a research project. It involves the systematic identification, location, scrutiny and summary of written materials that contain information on research problem. (Polit and Hungler,2000).

This chapter attempts to present a broad review of the study conducted, the methodology adopted and conclusion drawn by earlier investigations. It helps to study the problem in depth.

Related research literature was reviewed to broaden the understanding and to gain insight into the selected area under study. The review is organized in the following headings;

1. **Review of literature related to knowledge of first aid and safety measures in school children.**
2. **Review of literature related to common accidents and practices in school children.**
3. **Review of literature related to effectiveness of educational intervention on first aid and safety measures.**

I. Review of literature related to knowledge of first aid in school children

Baffer M et al., (2000) assessed the knowledge of first aid, among school children in Turkey. The goal of this study was to determine the knowledge by using a questionnaire. Study findings were 65.1% have incorrect answers regarding epistaxis, 63.5% for bee stings, and 88.5% for abrasion. The result of this study showed that children are having inadequate knowledge. The study concluded that basic first aid should be compulsory in all school.

Singer AJ et al.,(2001) did a descriptive study in pediatric first aid and safety measures among parents to determine the knowledge of first aid practices in parents. It includes management of stings, burns, scald, nosebleed, seizure, eye injuries, fracture, sprain, fever skin wounds and etc. Knowledge of specific guidelines

ranged from 21-90%.Subjects especially lacked knowledge regarding the rapid removal of all stingers. only36%have sting awareness and 46% burn awareness. Knowledge is unaffected by age, gender and education. Further education is needed to improve the knowledge of first aid practices.

Thein MM et al.,(2001) did a cross sectional worldwide study in knowledge attitude and practices of childhood injuries and their prevention among primary caregivers in Singapore. The samples are collected with a two stage stratified random sampling This study revealed that care givers are having adequate knowledge in road safety but poor knowledge in home safety and first aid practices. He conclude the study with needed frequent educational programme.

Ab Rahman (2002) did a survey among University students of Malaysia regarding the awareness and knowledge of epilepsy Students were required to answer a series of questions on awareness and knowledge of epilepsy. It was found that 86.5% of students had heard or read about epilepsy, while 55.6% had observed an epileptic seizure. Only 30.7% said that they knew the cause of epilepsy and 5.3% thought epilepsy was caused by evil spirits. Epilepsy was considered hereditary by 66.9% of respondents, while 4.9% thought it was contagious. The findings indicate a generally favorable level of awareness and knowledge of epilepsy still need to improve along with understanding of epilepsy.

Oneill A.C et al., (2002) conducted a study in Ireland among both patients and primary care givers following burn injury. Simple first aid measures such as immediate wound cooling and removal of the source of injury can significantly improve clinical outcome. This study illustrates that knowledge regarding the initial management of burn injury is very poor. It also suggests that National public health education campaign could have a positive outcome of burn injury.

McCormack RA et al., (2003) conducted a study at Gosford hospital, Australia to identify the adequacy of first aid care following minor burns in children. The outcome is measured with comparisons of the adequacy of first aid delivered by parents, careers, general practioner, local hospitals and community health worker. Burns included scalds, contact, flame, chemical or electrical burns .The study result shows that there is a need to educate parents and health professionals regarding appropriate first aid for burns.

R. P. Conrad et al., (2004) conducted a study at Edinburgh, that highlighted the deficiencies in first aid knowledge among a random selection of the general population. The study revealed that accidents cannot be prevented or ameliorated by protective devices and hence good first aid is essential to reduce the further effects of an injury. Recognized first aid courses, such as those run by voluntary agencies, focus their training on adult injuries.

U.L .Singh et al., (2004) who have done a study on dog bites and its management in the context of prevention of rabies in a rural community of Gujarat assessed the level of general awareness and knowledge and also the results revealed that 31.1% would like to apply first aid measures,36.4% follow some religious practices and the remaining alone will consult a doctor. Only 86.6% of individuals are aware of anti rabies vaccine.

Andersson .F (2005) conducted a study at school students can play an important role in improving the prognosis of avulsed permanent teeth of school children after they are informed about the immediate and proper dental first aid steps to be taken at the time of an accident. The aims of this study were: (i) to assess the knowledge level of emergency measures for tooth avulsion in Kuwaiti intermediate school students and (ii) to determine if a short lecture about tooth avulsion and replantation could improve students' knowledge on this topic. Eighty-five students at two intermediate schools (children 10-14 years old) in Kuwait were interviewed using a questionnaire about their first-aid knowledge with particular focus on the following five categories: . The general knowledge of tooth avulsion and replantation improved from 39% to 97% and knowledge of avulsed permanent and primary teeth from 8% to 71%. Knowledge of how to clean an avulsed tooth improved from 5% to 93%. The knowledge level on the importance of extra-alveolar time before replantation increased from 1% to 74% and knowledge of a suitable storage medium for the avulsed tooth improved from 4% to 86%. Many avulsed permanent teeth in school children can be saved by replantation . A study concluded that lecture followed by discussion proved to be an effective and efficient method of intervention to enhance the knowledge level of students so that proper dental first-aid procedures can be achieved.

Shabbier Q (2006) conducted a study to assess knowledge, attitude and practices of first aid measures in school students of Karachi.A cross-sectional study was carried out at six schools of Karachi,. Knowledge was assessed regarding various emergency situations with the help of a questionnaire. The target population size was 460, based on 50% prevalence and 95% confidence interval. The eventual sample size achieved was 446.A total of 446 students were interviewed. Seventy eight students (17.5%) had formal First Aid (FA) training. The mean number of correct answers of students with FA training was 10.3 (+/- 3.5) as opposed to 8.58 (+/- 4.0) in those without FA training ($p < 0.001$, 95% CI) with a mean difference of 7.84%. The mean number of correct answers by medical students with FA training was 11.2 (+/- 2.9) as opposed to 7.2 (+/- 3.43) by non-medical students ($p < 0.001$, 95% CI) with a mean difference of 18.14%. Students having received formal first aid training scored better than those who had not ($p < 0.001$). The study concluded that first aid training programmes should be introduced at school and college level in developing countries to decrease the early mortality and morbidity of accidents and emergencies.

Coban. s (2006) conducted a study on knowledge of first aid, which constitutes life-saving treatments for injuries or unexpected illnesses, is important for every individual at every age. Three hundred students (13-16 years) took part in this study to evaluate knowledge and attitudes of students about first aid. Data were obtained using a questionnaire. It included 30 questions that help identify the teachers and determine their knowledge and attitudes about first aid. Data were analyzed by chi-square test. In this study, it was determined that most of the students do not have correct knowledge and attitudes about first aid. For example, 65.1% of students gave incorrect answers regarding epistaxis, 63.5% for bee stings, and 88.5% for abrasion. It was found out that as the age of the teachers increases, appropriate first-aid practice becomes more and more unlikely. The study concluded that basic first aid and safety measures training programme should be compulsory in all schools.

Beveridge M (2007) conducted a 34-question survey regarding burn prevention and first-aid treatment for burn injuries was developed. . The survey was translated into Khmer language and tested on a trial class for accuracy and ease of administration. A total of 420 students were surveyed. Average age was 12.5 years (range 9-17 years) and 55% were females. Seventy-four percent routinely cared for

other children. Only 52% had TV at home but still 78% managed to watch TV for an average 2h per day. Even though 36% of students indicated they had received information about burn prevention and first aid, only 13% mentioned application of cool water as initial treatment, only 7% knew to roll on the ground if their clothes caught fire, and nearly 50% would pour water on a burning pot of oil. Half of students indicated that they would not believe a TV message promoting application of cold water on acute burns. Top reasons given were parental influence, belief in other treatments, and not trusting TV messages. Interestingly, 62% of these skeptics would change their mind if the TV message was endorsed by an authority figure such as a physician, teacher, parent, or the Ministry of Health. A set of five Public Service Announcements for Cambodian TV were developed and produced based on the results of this survey. The study suggested that televised burn prevention campaign could be an effective method to improve their knowledge, especially if it was endorsed by an authority figures.

II. Review of literature related to common accidents and practices in school children

Currie BJ, Canale E, Isbister GK (2000) In the prospective Royal Darwin Hospital snakebite study, pressure-immobilization first aid (PI) was used more often than in previous studies. However, bandages were not uncommonly too loose or not applied to the whole limb and immobilization was often neglected. While PI should continue to be promoted as the standard for Australia for the present, prospective multicentre studies of snakebite with quantitative assays for blood venom concentration will hopefully better elucidate the real effectiveness of PI and define the limitations of timing of application and determine the optimum types of bandage materials to use and the pressure required to be maintained.

Brain O Neil et al., (2000) conducted a study at Gosford hospital, Australia to identify the adequacy of first aid care following minor burns in School children. The outcome is measured with comparisons of the adequacy of first aid delivered by parents, care givers, general practioner, local hospitals and community health worker. Burns included scalds, contact, flame, chemical or electrical burns .The study result shows that there is a need to educate parents, health professionals and children regarding appropriate first aid for burns.

Amarjit Singh, (2001) who have done a study on dog bites and its management in the context of prevention of rabies in a rural community of Gujarat assessed the level of general awareness and knowledge and also the results revealed that 31.1% would like to apply first aid measures, 36.4% follow some religious practices and the remaining alone will consult a doctor. Only 86.6% of individuals are aware of anti rabies vaccine.

O Hara KA(2002) did a study in first aid for seizures to protect the individual from harm during seizure .The study reveals that the lack of knowledge in case of parents ,teachers, co workers and public at large tend to increases the potential of seizure which are likely to prolong or reoccur. And the associated discomfort about how to provide first aid also can contribute to the general stigma associated with epilepsy. The main goal of this study is to the prevention of status epileptics.

Biagi R, Cardarelli F (2002) conducted a study to evaluate the awareness of sports as risk factor of dental injuries, the emergency management when a tooth avulsion occurs and the compliance about mouth guards. Two hundred children and youngsters 8- to 15-year-old (147 boys and 53 girls) attending Sports Societies in Isernia, a town in Southern Italy, participated to the investigation. The sports involved were soccer, martial arts, tennis, swimming, volleyball, basketball and cycling. Sixty-five per cent of the athletes were aware of the possibility of oral injuries during sports practice and 8.5% referred an experience of dental trauma. Finally, 80.5% of the athletes knew about mouth guards as protective devices, but only 5% actually used them; eight out of ten were provided by the dentist. This study demonstrated needed to inform coaches, teachers, athletes and parents about dental injuries and to promote the mouth guards use, especially in contact sports practice.

Peterson H Robert k at el., (2002) found that one important reason for why students aged around 12 years suffer more often from accidents is the difficulty parents have to compensate for the lack of understanding of the danger. He also states, that the students, capabilities to tailor their knowledge towards the individual , and furthermore, the personality of the students and the risk present in the environment are vitally important for preventing the risk for accidents.

Stephen John M 2003 performed the study of Epidemiology of pediatric burns in Rajasthan. Hospitalized pediatric burns constituted 14% of that total burn

accidents. This children were categorized into three groups, the infants and toddler , early childhood, late childhood. In the first two groups scalding was the predominant cause of injury while in late childhood there were many more flame and electric burns. Males were mainly affected. Risk of accidents among children were also studied, Most to the student in rural slum to fire accidents because the fire was within reach in rural slum. On the other hand the under five children of MIG area were more frequently exposed to electric appliances as compare to rural slum. The risk of falling of a material or item very common in students in rural slum which was nil in MIG area. Further analysis of data revealed that fire was within reach among more than three fourth of students.

Richard Johnson G (2004) conducted a study profile of two hundred schooler who had met with an accident at school was studied. The most common type of accident observed was fall 45% . Injuries due to sharp edge instruments 40% burns /scalds 9% etc. were other type of accidents encountered. A total of 300 students less than 15 years were contacted and evaluated to measure the risk of domestic accidents. History of unintentional injuries (falls burns , animal bite) . The fire, electric appliances, households chemicals with reach of the students and material which can fall of the students was also observed on the day of the survey.

III. Review of literature related to effectiveness of educational intervention on first aid and safety measures.

Pinakibayans (2001) did a study to assess the effectiveness of Self Instructional Module among mothers of under five children on prevention and management of injuries in selected areas of Udupi, Karnataka. The study findings reveal that mother have poor knowledge in pretest and gained adequate knowledge in posttest. She concluded that the health professional and researchers need to impart the knowledge through various educational programme.

Kavitha Rajan (2002) an evaluatory study to assess the effectiveness of Self instructional Module on First aid and road safety among school children in selected school at Pune. A structured knowledge questionnaire was given to the school children's, where post test knowledge was found to be higher than the pre test knowledge of school children's about first aid and safety measures.

The study showed the mean post-test knowledge score (16.71) of the school children was found to be significantly higher than their mean pre-test knowledge score (10.11) as evident from 't' value (34)=16.12, ($p<0.05$ level), suggesting the effectiveness of the booklet in improving the knowledge of school children among first aid and safety measures.

Sankar Moses (2002) conducted an evaluatory study to assess the effectiveness of Self Instructional Module on first aid and safety measures among school children in selected school at Gujarth. A structured knowledge questionnaire was given to children and the study findings shown that the mean post-test knowledge score (17.71) of the children was found to be significantly higher than their mean pre-test knowledge score (9.91) as evident from selected variables. The study concluded that the Self Instructional Module on first aid and safety measures was an effective strategy for enhancing the knowledge of the school children among first aid and safety measures.

Lamb R and Joshi MS (2002) conducted a quasi experimental study on assessment of safety skills performance and knowledge to evaluate the education offered by the life skills, learning for Living, village, Bristol, UK. He used two quasi experimental matched control group.Study-1 knowledge and performance three months post evaluation. Study 2-knowledge pre intervention at a three time points, to distinguish between immediate learning and longer term retention. Study1-Lifeskill/intervention children did better than control children. Study 2; intervention children did better than control children immediately after the intervention and three months later in all knowledge tests. The life skill package improved both knowledge and performance.

Dr.Owen Lewis (2002) in his prospective multiple group study in evaluation of first aid for snakebite around 20 communities and came to know the effectiveness of Instructional module teaching regarding first aid for snake bite in Sunsari District at Nepal. The knowledge after teaching increased (0.9) than not seen video (0.2).This study reveals that no significant difference among illiterates and non illiterates.

Mello MJ et al., (2003) conducted a study in injury prevention center at Island. The aim of the study was to find out the effectiveness of education on injury

prevention as a means of disseminating knowledge among children. The end of the education handout is provided regarding injury prevention. The study results revealed the need for continued research education as a role in injury prevention.

Bennet , Wallace at et., (2004) preformed to define what constitutes adequate supervision are probable destined to fail because injury risk a multi- determined outcome and caregiver supervision is only one of a number or determinants. The fact is that some children experience injuries even when caregivers are nearby and capable of supervising and other children do not experience injuries even though supervisors are not present and only supervise intermittently. We propose, therefore, that there are meaningful interactions between students attribute and caregiver supervision that contribute to explain differential risk for injury. In the present study, we specifically tested whether supervision moderates the relation between students attributes and injury outcomes.

Roy C.K et at., (2004) found that faulty or poor quality equipment was a barrier to interventions to reduce unintentional injuries to students in the home. For example, mothers resorted to taping over electric sockets when safety plugs were not provided or did not work.

Gupta .G (2005) conducted a study that examined the exposure to a student's poisoning incident, either in real life or in the media, increased awareness of that particular danger and was a motivator for implementing first aid and safety measures. This suggests that providing information on unintentional poisoning via media outlets might be an effective facilitator in raising awareness of risk.

Wallace HJ (2006) conducted a cross-sectional study was undertaken using convenience sampling of members of sporting and recreation clubs. The main outcome measure was the proportion of correct responses to multiple-choice questions relating to four burn scenarios: (1) scald, (2) contact burn, (3) ignited clothing, and (4) chemical burn. A total of 2602 responses were obtained. Large gaps (30-50% incorrect answers) were identified in burn first aid knowledge across all scenarios. 15% more individuals gave correct answers if they had attended a first aid course compared to those who had not ($p<0.0001$); this proportion increased if the course was undertaken within the previous five years ($p<0.0001$) or contained a burns-

specific component ($p<0.0001$). Males and younger (≤25 years) and older (≥65 years) age-groups had relatively lower levels of burn first aid knowledge. Gender and age were significant predictors of first aid course attendance, with males and younger (≤25 years) and older (≥65 years) age-groups less likely to have attended a first aid course. In this sample, first aid training undertaken within the last 5 years with a specific burns component was associated with enhanced burn first aid knowledge.

Kurczabinska D (2007) conducted a study about **a**ccidents and injuries cause most serious health problems in pediatric group of patients in Poland. We asked a group of 93 parents and tutors (11 men and 82 women) to complete a questionnaire containing 20 questions. It referred to their knowledge on first aid treatment. We have analyzed the answers using statistical methods and couched our conclusions. 1. The results of the enquiry show a great extent of self-satisfaction in the questioned group of parents. Most of them (64.5%) think they know first aid rules, although only 35 people (37.6%) were ever trained in this field. 2. Most parents (71%) have already treated minor injuries and dealt with minor accidents which took place while they took care of a child. Most common health problems were: high temperature--23.9%, slight contusions--22.4%, minor injuries--16.1%, hemorrhage--8.8%, scalding--8.3%, choking--7.3%. Accidents occur mainly during playground activities or cycling (63%) and at home (17%). 3. When an accident involving children occurs, 29.2% of parents call for medical help, 63.8% of them do it only if very serious injuries occur and 9% always try to treat a child themselves. . They also knew how to deal with a slight burn or scald. 4. In questioned adults' opinion health care professionals do not give enough first aid information to the society. In our examined group, 58.1% of parents try to read and learn themselves. The study conclude that proper first aid training courses need to reduce the accidents and injuries.

Eldosoky R.S (2008) conducted a study about injuries to children arising from road accidents are an increasing community health concern. The aim of this cross-sectional study in Qalubeya governorate, Egypt was to measure the incidence and types of road injuries affecting rural children aged up to 12 years and to assess their mothers' knowledge, attitudes and practices (KAP) about first aid and its associated factors. An interview questionnaire was completed by 450 school students. The incidence of road injuries in the previous 4 weeks was 38.3% (57.5% were boys). Cut

wounds, falls and fractures, burns, poisoning and foreign body aspiration were the common forms of home injuries. The study concluded that source of knowledge about first aid and having attended a training course on first aid were significant predictors of better results.

Darwin JD, Mathew JA (2008) conducted a study to assess the impact of training programme on school nurses' confidence levels in first aid management in University school of nursing, UK. They conducted a quantitative assessment of the impact of an first aid management training programme on school nurses. The welfare foundation and the national association of school nurses created a training programme titled "First Aid Management" to educate school nurses on strategies and resources that they can use to handle emergency situations effectively and to create a safe and supportive school environment for children. Before and after the training sessions, nurses answered questionnaires that measured their confidence levels in providing care for students with first aid management and showed an improvement in nurses' confidence levels across all measures.

CONCEPTUAL FRAMEWORK:

Conceptual framework refers to interrelated concepts or abstractions assembled together in a rational scheme by virtue of their relevance to a common theme and it provides a perspective regarding interrelated phenomena. The conceptual framework explains the phenomenon of interest and reflects the assumptions and philosophic views, variable under study, hypotheses formulated and the design of the study.

The conceptual frame work for this study was derived from general system theory (Ludwig Von Bertlanffy, 1968). According to general system theory, system is a set of interacting parts in a boundary which makes the system work well to achieve its overall objectives. General system theory is useful in breaking the whole process into essential task to assure goal realization. The number of parts of the systems totally dependent on what is needed to accomplish the goal or purposes. The goal is necessary for any system to function. The aim of the study is to improve the knowledge of school students regarding first aid and safety measures.

Bertlanffy explained that the system has four major concepts.

- Input
- Throughput
- Output
- Feedback

INPUT

According to theorist, input refers to the types of information that enters into the system from the environment through its boundaries. In this study, the input includes demographic variables such as age, parent educational status, family income, religion, type of family, occupational status, family size, place of residing, any family history of first aid and safety measures, exposure to source of information and assessing the pre test knowledge regarding first aid and safety measures. Plan teaching on first aid and safety measures which includes definition, purpose, aims,

first aid and safety measures about snake bit, sudden fall, chemical injuries, foreign body injuries, eye injuries, etc., by using self instructional module.

THROUGHPUT

Throughput is the operational phase. It is the process that allows the input to be transformed. In this study, throughput is the transformation of knowledge to the school children by the way of teaching regarding first aid and safety measures using the prepared self instructional module.

OUTPUT

Output is any information that leaves the system and enters to the environment through system boundaries. In this study it is the assessing of the post test knowledge regarding first aid and safety measures. The Knowledge scores were interpreted as excellent, good, average, poor and very poor.

FEED BACK.

Feedback is the result of knowledge of throughput. It allows the system to monitor its internal function so that it can either increase or restrict its inputs. In this study, it refers to the reinforcement of the teaching to school children with first aid and safety measures if their post test knowledge scores average, poor and very poor.

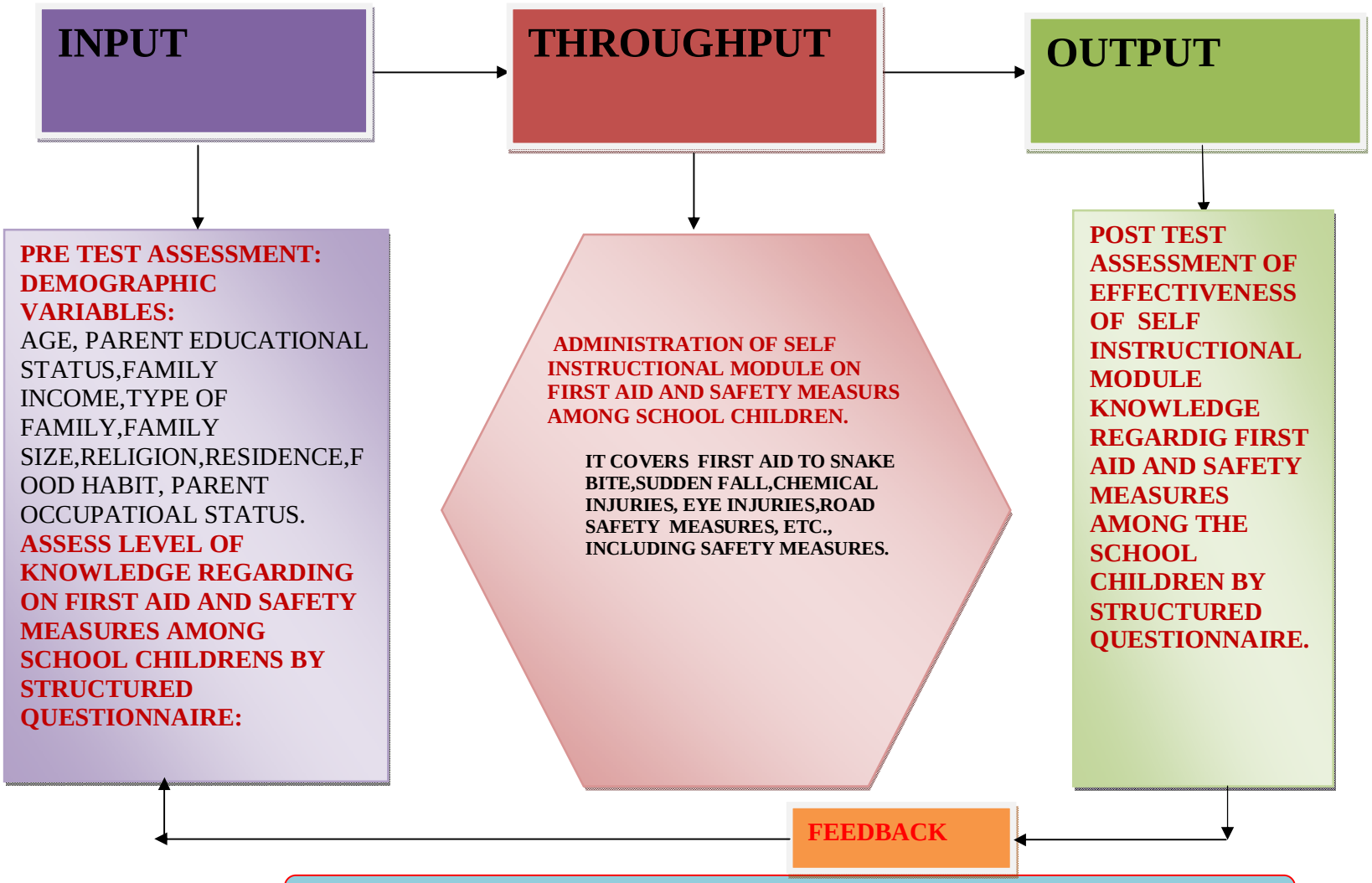


Fig.1 LUDWIG VONBERTALANFFY GENERAL SYSTEM THEORY 1968

CHAPTER – III

RESEARCH METHODOLOGY

The research methodology indicates the general pattern of developing or refining the methods of obtaining, organizing or analyzing data for gathering valid and reliable data for investigation. This chapter deals with the methodology adapted to this study. It includes the research approach, research design, variables, setting, population, sample, and criteria for selection of the sample, sample size, sampling technique, development and description of the tool, description of the instructional module, content validity, pilot study, data collection procedure, plan for data analysis and protection of human rights.

3.1 RESEARCH APPROACH

Quantitative approach was used for this study.

3.2 RESEARCH DESIGN

A pre- experimental one group pre test - post test design was selected.

ONE GROUP PRE-TEST POST-TEST DESIGN

Pre-test	Intervention	Post test
O_1	X	O_2

O_1 – Assessment of pre test level of knowledge regarding first aid and safety measures.

X - Self instructional module regarding first aid and safety measures.

O_2 – Assessment of post test level of knowledge regarding first aid safety measures.

3.3 VARIABLES

INDEPENDENT VARIABLE : Self Instructional Module.

DEPENDENT VARIABLE : Knowledge.

DEMOGRAPHIC VARIABLES :

Age, parent educational status, family income, type of family, family size, religion, place of residence, food habit, parents occupational status.

3.4 SETTING

This study was conducted at Govt. Elango higher secondary school, Shenay Nagar at Madurai. It is one of the Corporation School at Madurai with total strength of 750 students. It is situated 1 km away from College of Nursing, Madurai Medical College

3.5 POPULATION

The population is the entire aggregation of cases in which the investigator is interested.

TARGET POPULATION

Population includes school children among (6^{th} -7^{th}) std.

ACCESSIBLE POPULATION

Population includes school children among(6^{th} -7^{th}) std. studying at Govt. Elango Higher Secondary School, Shenay Nagar, at Madurai.

3.6 SAMPLE

The sample of the study is the school children among (6^{th}- 7^{th}) std. studying at Govt. Elango higher secondary school and those who fulfilled the inclusive criteria.

3.7 SAMPLE SIZE Sample size 50.

3.8 SAMPLING TECHNIQUE Simple Random Sampling (Lottery Method).

3.9 CRITERIA FOR SAMPLE SELECTION

The samples were selected based on the following criteria.

INCLUSION CRITERIA:

1. School children who were in (6^{th} – 7^{th}) std.
2. School children who were willing to participate in the study.
3. School children could speak, understand, read and write Tamil.

EXCLUSION CRITERIA:

1. School children who were absent during the study.
2. School children who were sick during the study period.
3. School children who were participate in pilot study.

3.10 DEVELOPMENT AND DESCRIPTION OF THE TOOL

After extensive review of literature and discussion with the experts a structured questionnaire was developed. .

The tool consists of 2 parts.

Part - I

Section A:

The demographic data include (age, family income, type of family, family size, religion, place of residence, food habit, parent education and parents occupation status) on first aid and safety measures among school children's.

Section B:

Structured knowledge questionnaire. It consists of 20 structured questionnaire regarding fist aid and safety measures.

Part - II

Self Instructional Module regarding first aid and safety measures.

Self Instructional Module regarding first aid and safety measures was developed after extensive reviews of textbooks, journals and obtaining experts opinion. It comprised of the following components.

1. Definition of first aid
2. Aims of first aid
3. First aid and safety measures of

- Snake bite
- Fracture
- Sudden fall
- Chemical injury
- Eye injury
- Electrical injury
- Burns
- Road safety
- Do's and Don'ts of first aid management and safety measures.

3.11 SCORING PROCEDURE :

A score of 1 was given for each correct answer and a score of 0 was given for every wrong answer. The total score ranges from 0-20.

Score	Level of knowledge
0-4	Very Poor knowledge
5-8	Poor knowledge
9-12	Average knowledge
13-16	Good knowledge
17-20	Excellent knowledge

3.12 TESTING OF THE TOOL

CONTENT VALIDITY:

The content validity of the tool was ascertained by the following experts :

Pediatrician –2

Child Health Nursing Specialists – 3

Addition and modification suggested by the experts were incorporated in the tool.

RELIABILITY OF THE TOOL:

The reliability of the tool was established by test- retest method. The reliability score was r= 0.622. and the tool was considered reliable .

3.13 PILOT STUDY

Pilot study was conducted at Govt. Elango higher secondary school at Madurai from 16.9.2013 to 21.9.2013. 10 samples who fulfilled the inclusion criteria were selected using simple random sampling. On the first day of the study, pretest level of knowledge was assessed through structured questionnaire. On the next day of the study self instructional module regarding first aid and safety measures were given. On the 8th day post test level of knowledge was assessed through structured questionnaire. Findings of the pilot study revealed that the study was feasible and practicable to conduct the main study. The data collection for the main study was planned to be conducted by excluding the samples included in the pilot study.

3.14 ETHICAL CONSIDERATION

All respondents were carefully informed about the purpose of the study and their part during the study and how the privacy was guarded. The confidentiality of the study result was ensured. Thus the investigator followed the ethical guidelines which were issued by the research committee.

3.15 PROCEDURE FOR DATA COLLECTION

The main study was conducted from 1.10.2013 to 15.11.2013 at Govt. Elango higher secondary school at Madurai. School children who fulfilled the inclusive criteria using simple random sampling technique 50 samples were selected. The samples were divided into 5 groups. Each group contains 10 members.

A brief self introduction was given to all the subjects. The purpose of the study was explained to all the subjects and they were assured that confidentiality the data collected was maintained. Both verbal and written consent was obtained from all the subjects. Structured questionnaire was used to collect the baseline variables. On the first day pretest questionnaire was given to the subjects. On the 2nd day the subjects were provided self instructional module and instructed to read and clarify their doubts. On day 8th post test level of knowledge was assessed through structured questionnaire.

3.16 PLAN FOR DATA ANALYSIS

The data collected was analyzed using both descriptive and inferential statistics.

Descriptive statistics:

1. Frequency and percentage distribution was used to analyze the demographic variables .
2. Mean and standard deviation was used to analyze the pre test and post test level of knowledge.

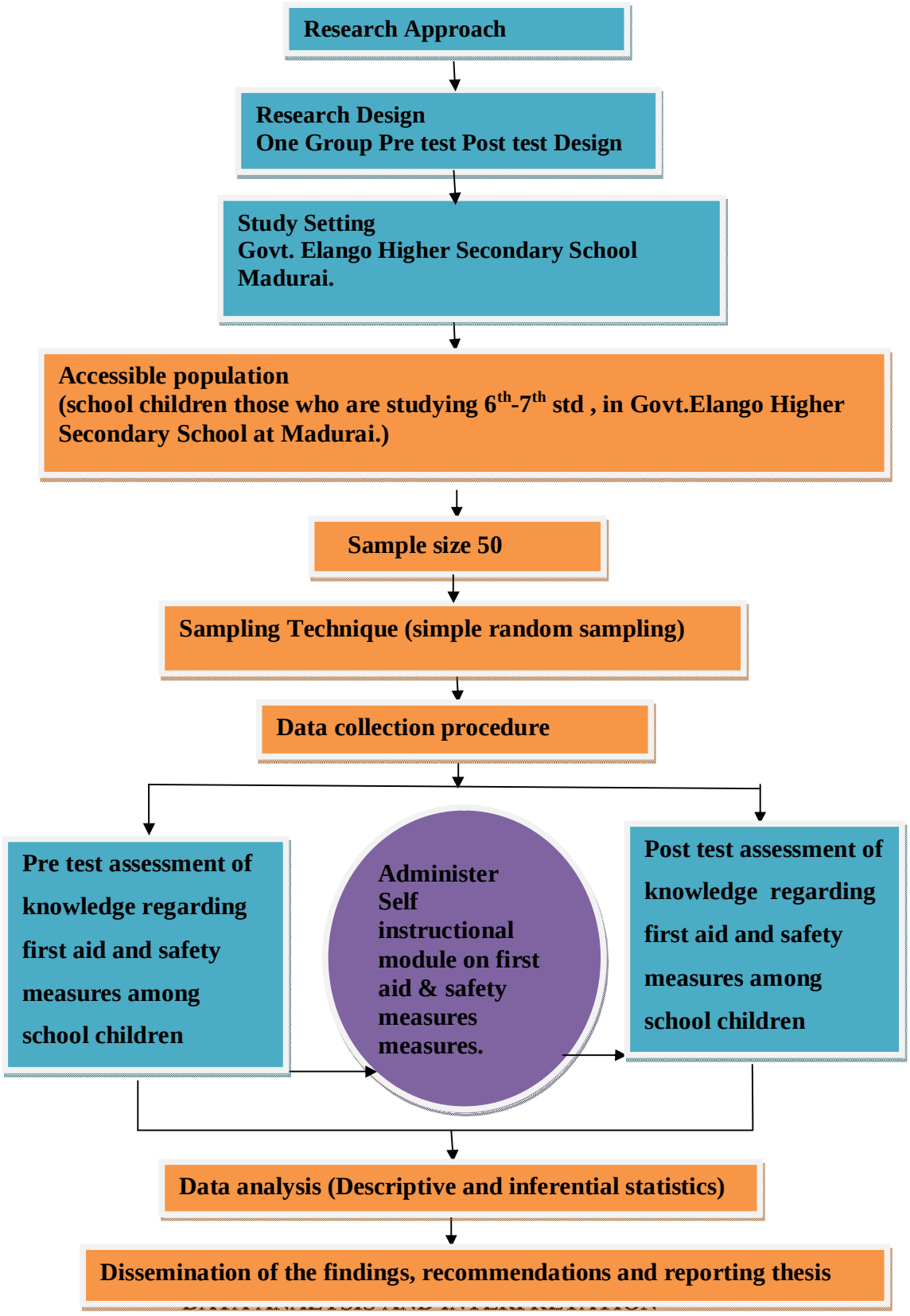
Inferential statistics:

1. Paired 't' test was used to evaluate the effectiveness of self instructional module on first aid and safety measures .
2. Chi- square test was used to find out the association of post test level of knowledge with selected demographic variables.

3.17 PROTECTION OF HUMAN RIGHTS

The research proposal was approved by the dissertation committee, of college of Nursing, Madurai Medical College, Madurai. In order to protect the human rights ethical committee approval was obtained from Ethical committee, Madurai Medical College, Madurai. The proposed study was approved by Director of Institute of child health and research centre, Govt .Rajaji Hospital Madurai. Formal permission was obtained from the Chief Educational Officer and the school principal to conduct the study. Both verbal and written consent was obtained from all the study subjects and the data collected was kept confidential. Assurance was given that they can withdraw from the study at any time. The possible benefit of participating in the study was explained to all the study subjects. Reassurance was given to the study subjects, that confidentiality and privacy was maintained throughout the study.

Fig.2. SHEMATIC REPRESENTATION OF THE STUDY



This chapter deals with the analysis of the data collected. Statistical procedure enabled the investigator to deduce, summarize, organize, evaluate, interpret and communicate the numeric information. Statistical analysis is a method of rendering quantitative information meaningful and intelligible. In this chapter the data collected were edited, tabulated, analyzed and interpreted.

OBJECTIVES OF THE STUDY:

- To assess the pretest level of knowledge on first aid and safety measures among school children at selected school.
- To evaluate the effectiveness of self Instructional module by comparing the pretest and post test knowledge of school children at selected school.
- To associate post test score with selected demographic variables on first aid and safety measures among school children at selected school.

.**ORGANIZATION OF DATA:**

The findings of the study were grouped and analyzed under the following conditions;

Section I: Distribution on demographic variables of first aid and safety measures among school children.

Section II: Distribution on level of knowledge of first aid and safety measures among school children in pre test and post test.

Section III: Effectiveness of Self instructional module regarding first aid and safety measures.

Section IV: Association between post level of knowledge and selected demographic variables.

SECTION I

DISTRIBUTION ON DEMOGRAPHIC VARIABLES OF SCHOOLCHILDRENS.

TABLE 1

Frequency and percentage distribution of Demographic variables among school children. n=50

S.No	Demographic variables	Frequency(n)	Percentage (%)
1.	**Age:**		
	a. 11-12 years	14	28
	b. 12-13 years	23	46
	c. 13-14 years	11	22
	d. Above 14 years	2	4
2.	**Type of Family:**		
	a. Nuclear family	28	56
	b. Joint family	22	44
	c. Extended	00	00
	d. Separated	00	00
3.	**Parent Educational status :**		
	a. Primary school	8	16
	b. Higher Secondary school	19	38
	c. Graduate	14	28
	d. Illiterate	9	18
4.	**Parent Occupation:**		
	a. Home maker	21	42
	b. Daily wages	19	38
	c. Employee	6	12
	d. Unemployed	4	8
5.	**Number of children:**		
	a) One	8	16
	b) Two	11	22
	c) Three	12	24
	d) Above three	19	38

S.No	Demographic variables	Frequency(n)	Percentage (%)
6.	**Family income:** a) below Rs.2000 b) Rs.2001-4000 c) Rs.42001-6000 d) above Rs.6000	 33 14 2 1	 66 28 4 2
7.	**Place of residence:** a) Rural b) Urban c) Sub urban d) City	 31 18 1 -	 62 36 2 -
8.	**Religion:** a) Muslim b) Hindu c) Christian d) Others	 1 45 1 3	 2 90 2 6
9.	**Food Habit:** a) Vegetarian b) Non-vegetarian c) Raw vegetables	 20 30 -	 40 60 -

The above table reveals the frequency and percentage distribution of demographic variables for first aid safety measures among school children.

With respect to age, 14children (28%) were in the age group of 10-11 years, 23 children (46%) were in the age group of12-13 years, 11 children (22%) were in the age group of 13-14 years, and 2 children (4%) were in the age group of above 14 years.

With respect to type of family, 22 children's (44%) were living in a joint family, 28 children's (56%) were living in nuclear family.

With respect to parent educational status, 8 parents(16%) completed primary school education, 19 parents (38%) completed Higher secondary school education, 14 parents (28%) completed graduate education and 9 parents (18%) are illiterate.

With respect to occupation, majority of parents21 (42%) were homemakers, 19 parents (38%) were daily wages, 6 parents (12%) were self employees, and only 4 parents (8%) were un employee.

With respect to number of children, 8 family's (16%) have three children, 11 families (22%) have four children, and 12 families (24%) have five children, 19 families (38%) have more than 5 children.

With respect to family income, 33 families (66%) have a family income of below Rs. 2000/-, 14 families (28%) have a family income of Rs. 2001-4000/-, 2 families (4%) have a family income of Rs. 4001-6000 and 1 family (2%) have a family income of more than Rs.6000/-

With respect to place of residence, majority of families 31 (62%) belongs to rural, 18 families (36%) belongs to urban, 1 family (2%) belongs to sub urban.

With respect to religion, 45 children (90%) belong to Hindu, 1children (2%) belong to Christian, and 1 children (2%) belong to Muslim religion, and 3 children (6%) belong to others.

.With respect to food habit, 20 children (40%) have vegetarian, 30children (60%) have non-vegetarian.

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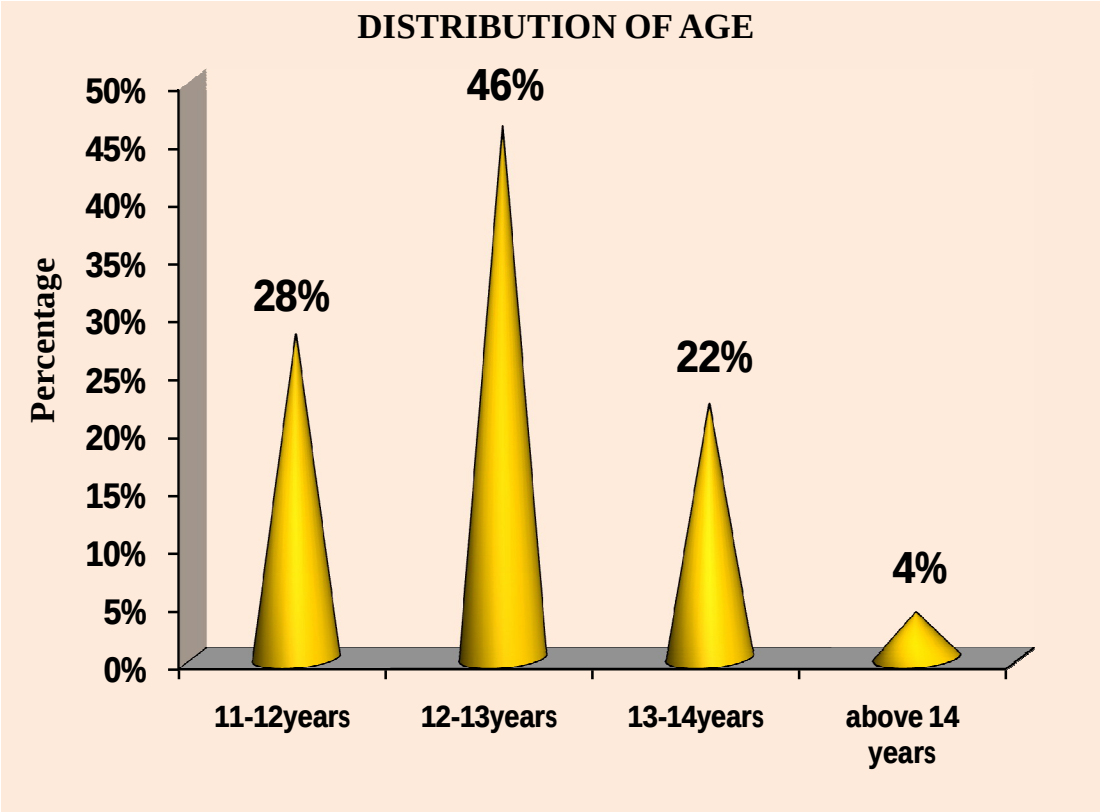

Fig.3. Percentage distribution of school children according to Age.

The figure reveals, 14children (28%) were in the age group of 11-12 years, 23 children (46%) were in the age group of12-13 years, 11 children (22%) were in the age group of 13-14 years, and 2 children (4%) were in the age group of above 14 years.

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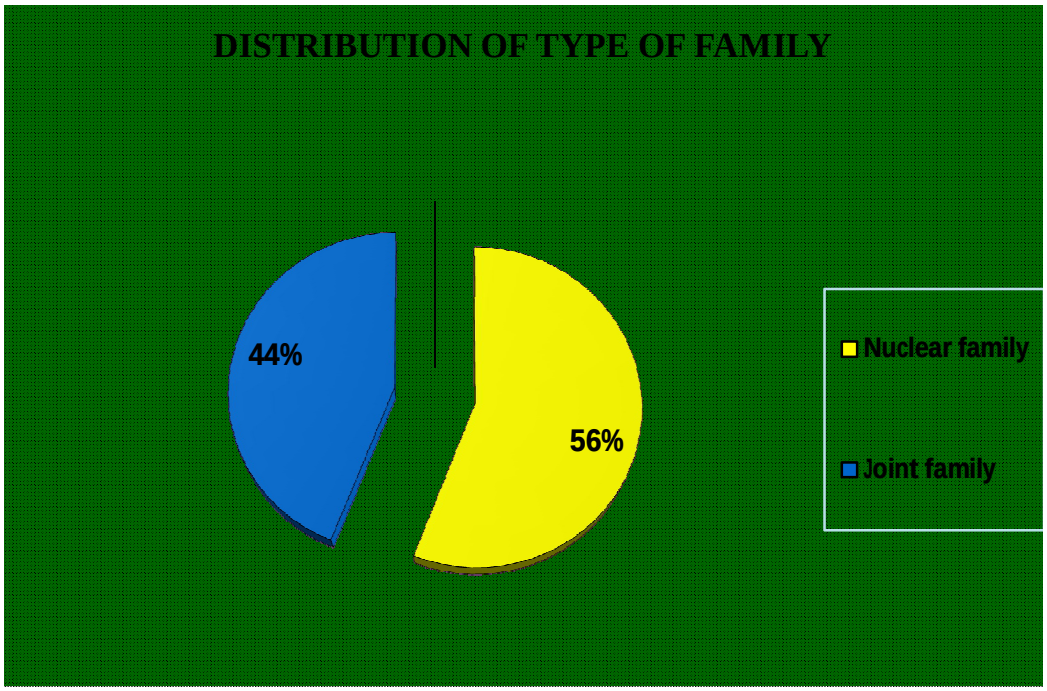

Fig.4. Percentage distribution of school children according to Type of family.

The figure reveals 22 children (44%) were living in a joint family, 28 children (56%) were living in nuclear family.

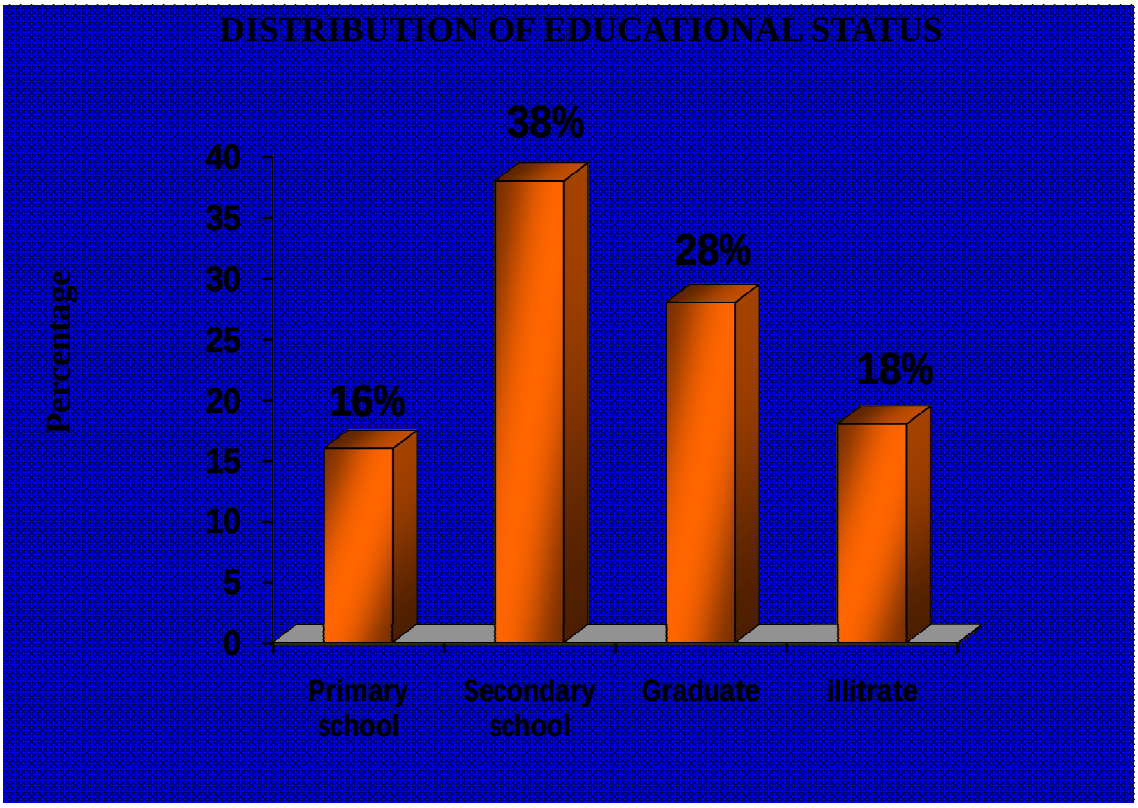

Fig.5. Bar diagram showing percentage wise distribution of Parents Educational status.

The figure reveals 8 parents(16%) completed primary school education, 19 parents (38%) completed Higher secondary school education, 14 parents (28%) completed graduate education and 9 parents (18%) are illiterate.

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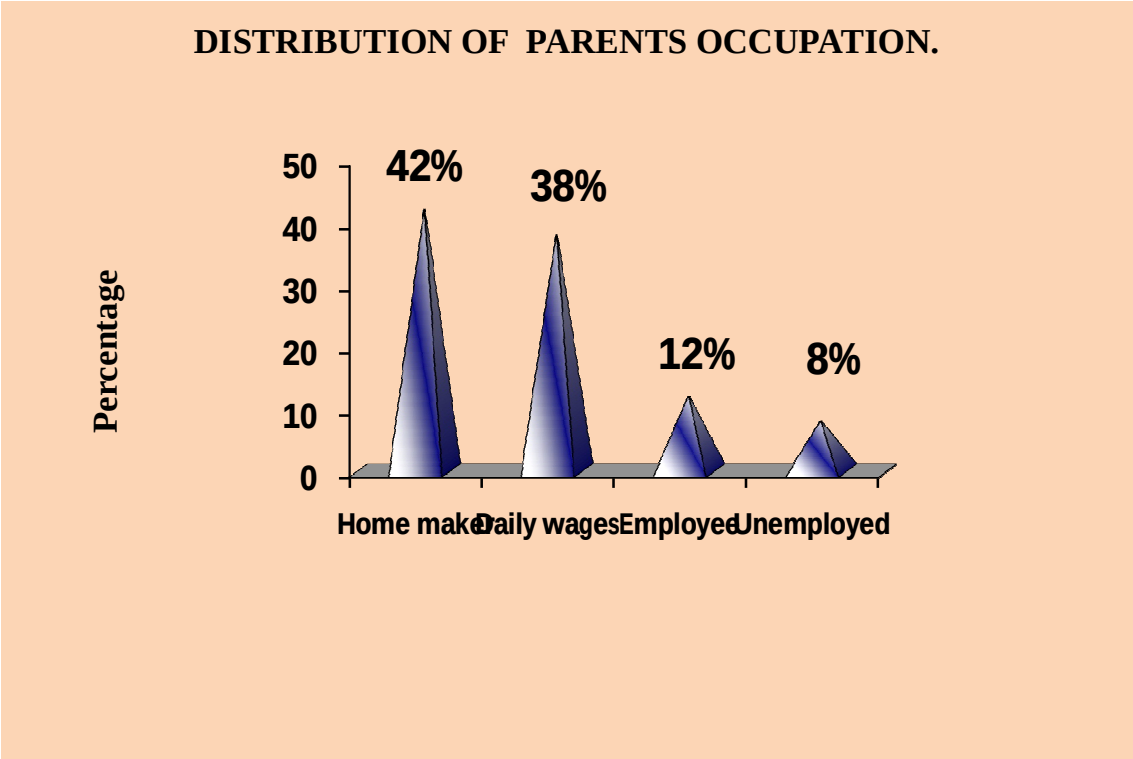

Fig.6. Percentage distribution of school children according to Parents Occupation.

The figure reveals majority of parents21 (42%) were homemakers, 19 parents (38%) were daily wages, 6 parents (12%) were self employees, and only 4 parents (8%) were un employee.

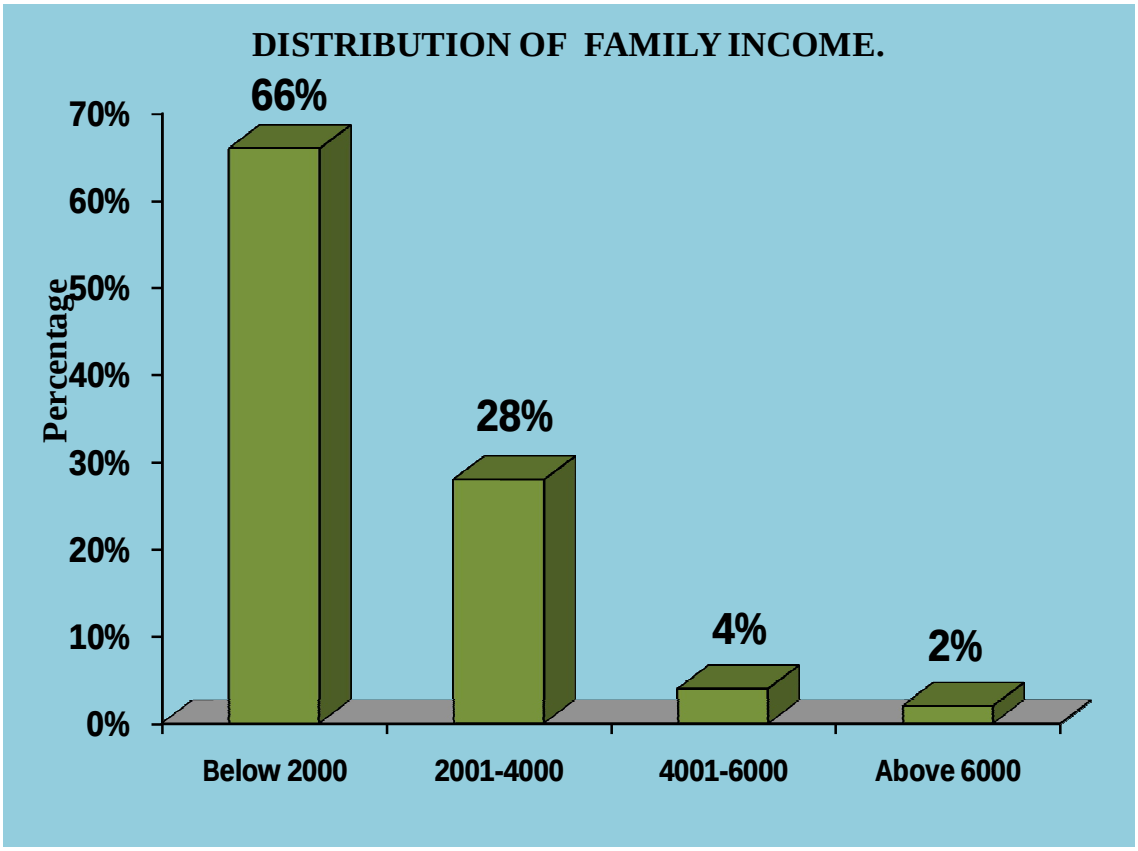

Fig.7. Percentage distribution of school children according to Family Income.

The table reveals majority 33 families (66%) have a family income of below Rs. 2000/-, 14 families (28%) have a family income of Rs. 2001-4000/-, 2 families (4%) have a family income of Rs. 4001-6000 and 1 family (2%) have a family income of more than Rs.6000.

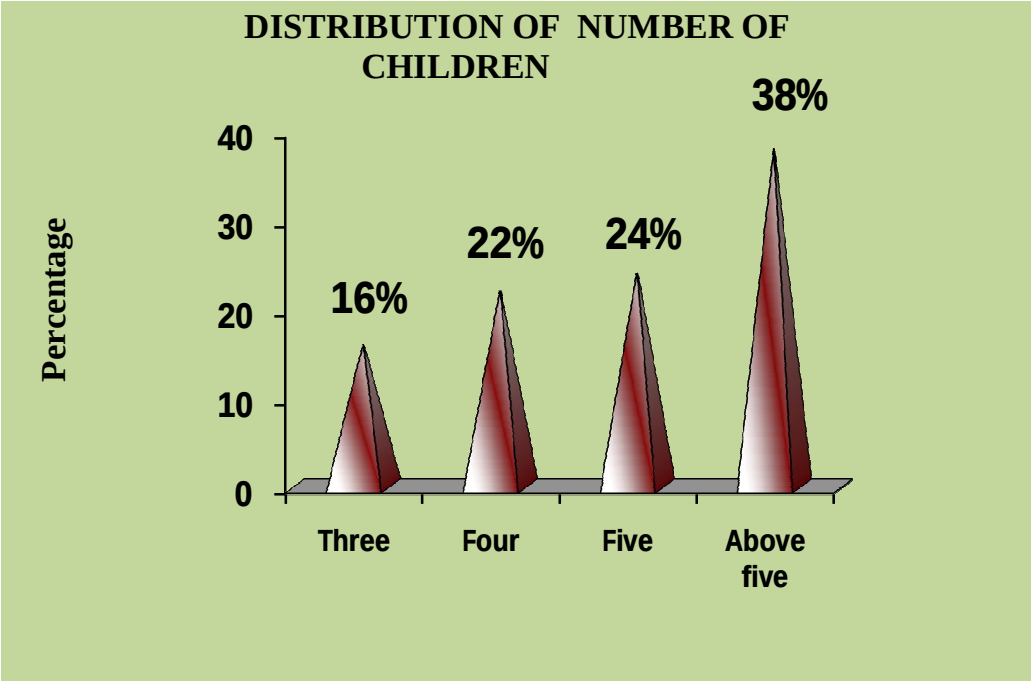

Fig.8. Percentage distribution of school children's according to Number of children.

The figure reveals 8 family's (16%) have three children, 11 families (22%) have four children, and 12 families (24%) have five children, 19 families (38%) have more than 5 children.

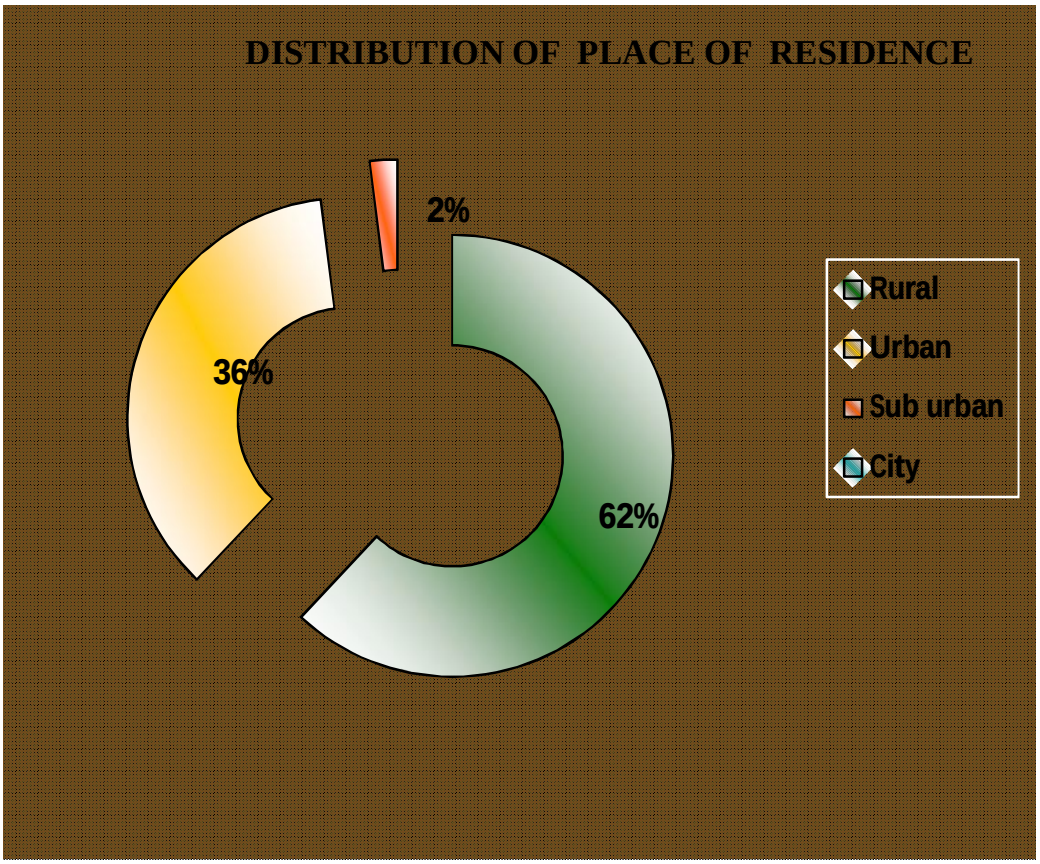

Fig.9. Percentage distribution of school children according to Place of Residence.

The figure reveals majority of families 31 (62%) belongs to rural, 18 families (36%) belongs to urban, 1 family (2%) belongs to sub urban .

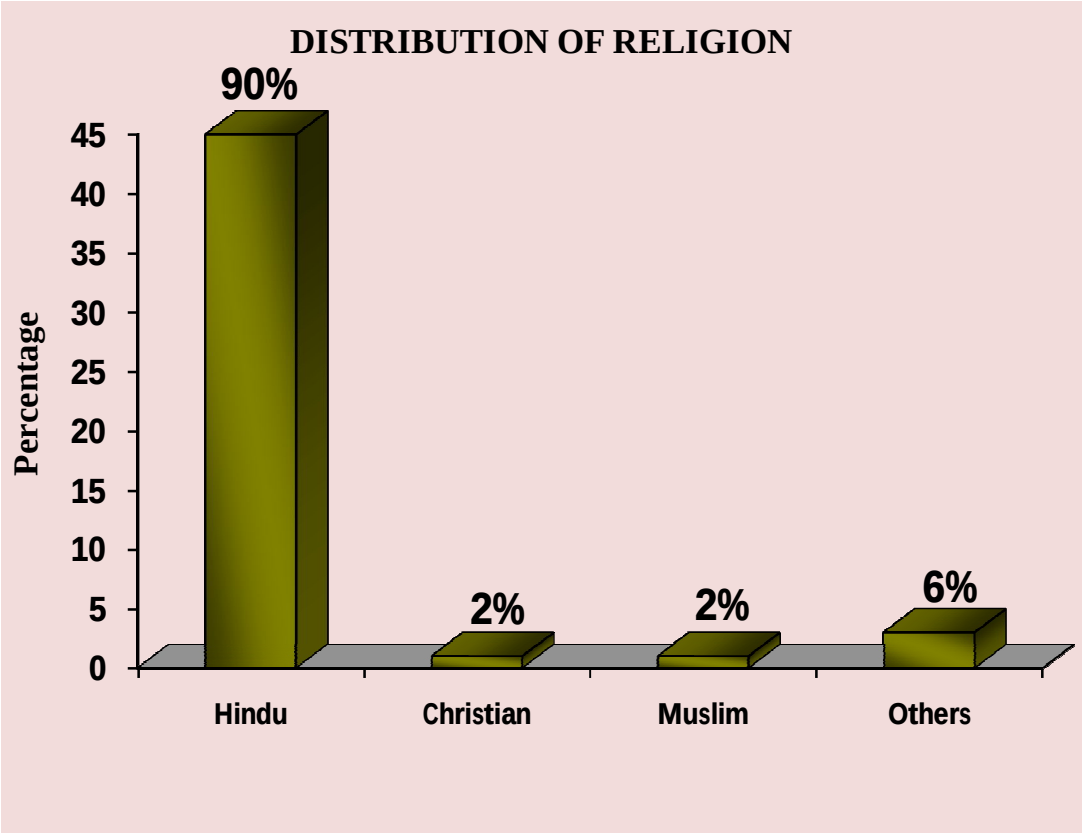

Fig.10.Percentage distribution of school children according to Religion.

The figure reveals, Majority of the 45 children (90%) belong to Hindu, 1 children (2%) belong to Christian,1 children (2%) belong to Muslim, 3 children (6%) belong to others.

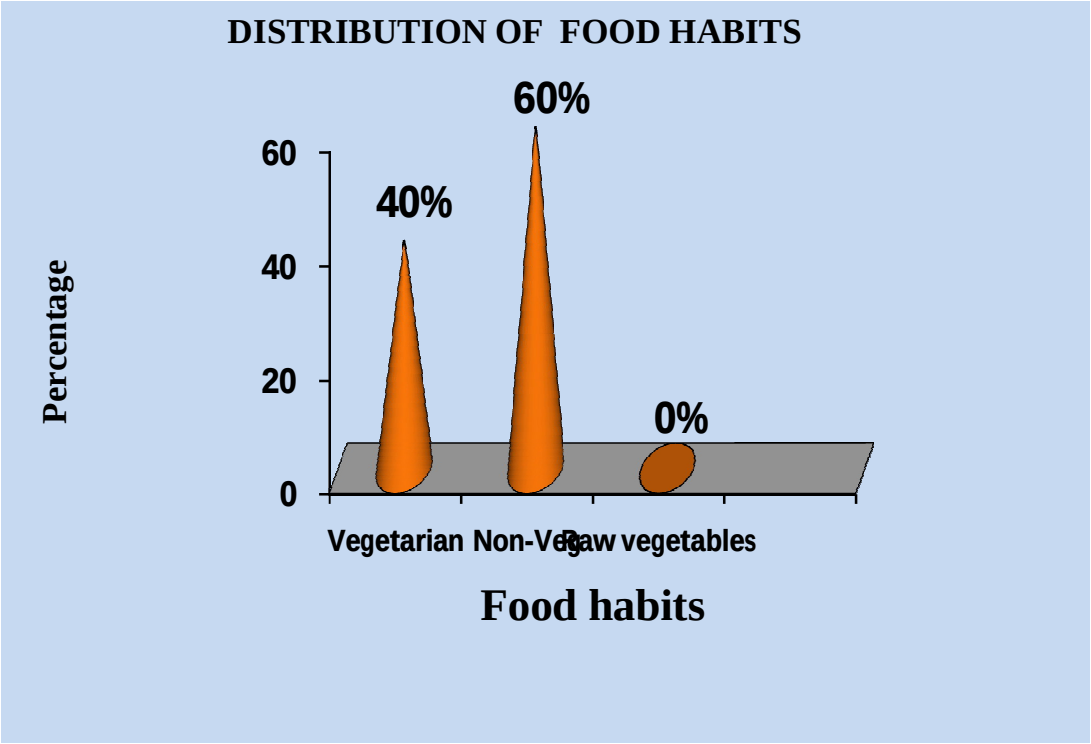

Fig.11. Percentage distribution of school children according to food habits.

The figure reveals 20 children's (40%) have vegetarian, 30childrens (60%) have non-vegetarian.

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SECTION II

DISTRIBUTION ON LEVEL OF KNOWLEDGE REGARDING FIRST AID AND SAFETY MEASURES AMONG SCHOOL CHILDRENS IN PRE TEST AND POST TEST.

TABLE 2

Frequency and percentage distribution of pre test level of knowledge

Level of knowledge	Pre test	
	F	%
Very poor	0	0
Poor	6	12
Average	36	72
Good	8	16
Excellent	-	-

The above table reveals that 6 school children (12%) have poor knowledge, 36 school children (72%) have average knowledge, 8 school children (16%) have good knowledge .

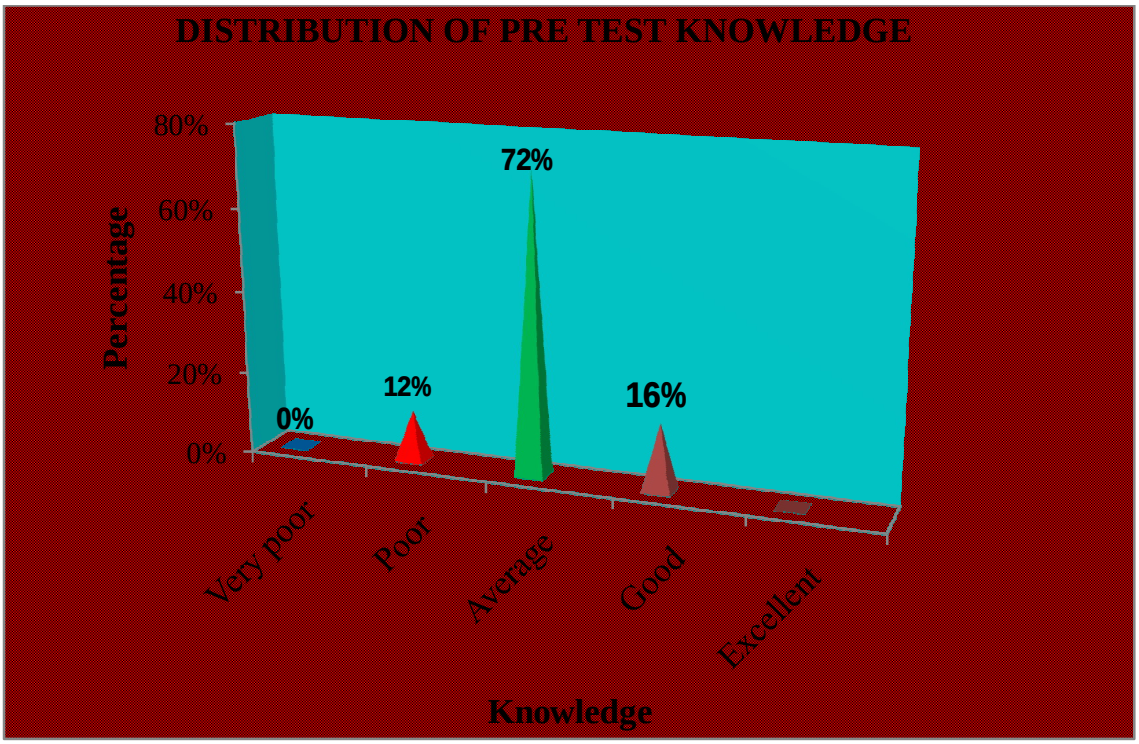

Figure 12. Percentage distribution of pre test level of knowledge of mothers.

The figure reveals 6 school children (12%) have poor knowledge regarding first aid and safety measures, 36 school children (72%) have an average knowledge regarding first aid and safety measures and 8 school children (16%) have good knowledge regarding first aid and safety measures.

TABLE 3

Frequency and percentage distribution of post test level of knowledge.

Level of knowledge	Post test	
	F	**%**
Very poor	0	0
Poor	0	0
Average	0	0
Good	**36**	**72**
Excellent	**14**	**28**

The above table reveals that 36 school children (72%) have good knowledge and 14 school children (28%) have excellent knowledge regarding first aid safety measures in post test.

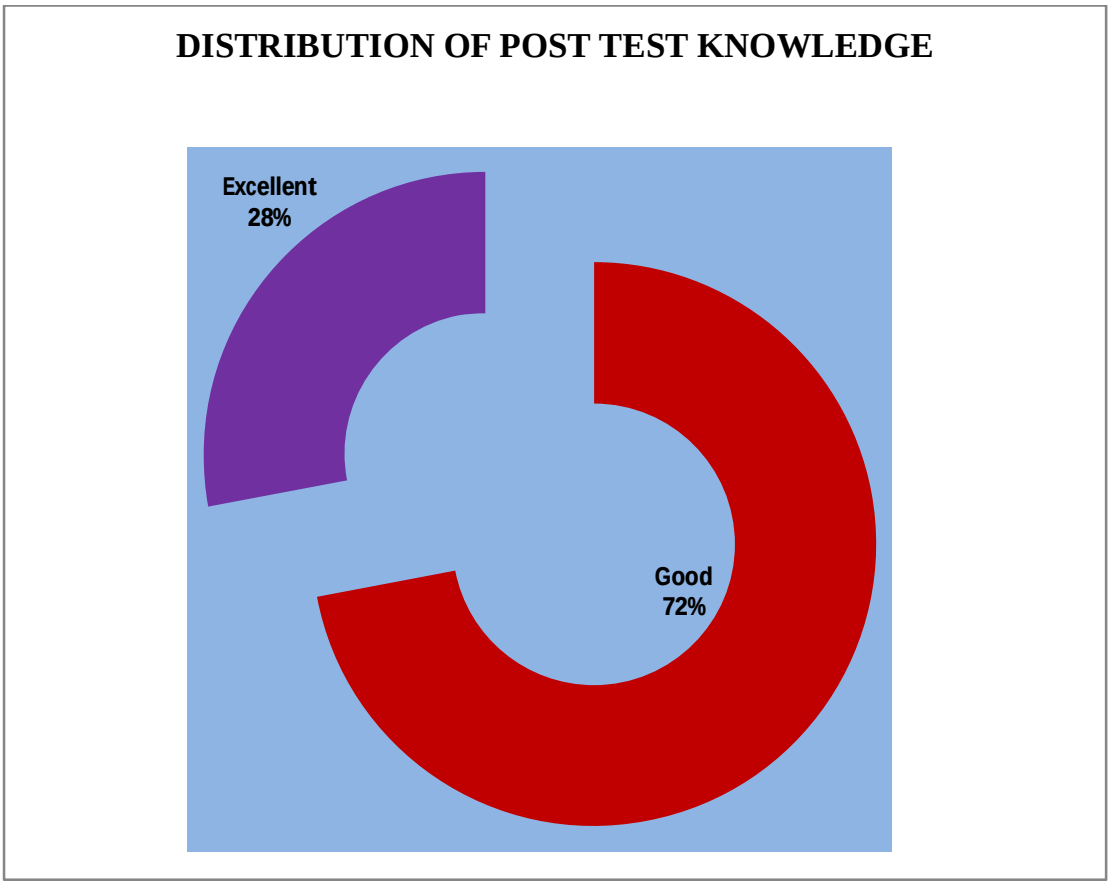

Figure 13. Percentage distribution of post test level of knowledge.

The above table reveals that 36 school children (72%) have good knowledge and 14 school children (28%) have excellent knowledge regarding first aid safety measures in post test.

TABLE-4

Frequency and percentage wise distribution of comparison of pre test and post test level of knowledge.

Level of knowledge	Pre test		Post test	
	f	%	f	%
Very poor	0	0	0	0
Poor	6	12	0	0
Average	36	72	0	0
Good	8	16	36	72
Excellent	0	0	14	28

The above table reveals that, in the pre test 6 school children (12%) have poor knowledge, 36 school children (72%) have average knowledge, 8 school children (16%) have good knowledge in the post test 36 school children (72%) have good knowledge and 14 school children (28%) have excellent knowledge regarding first aid safety measures in post test.

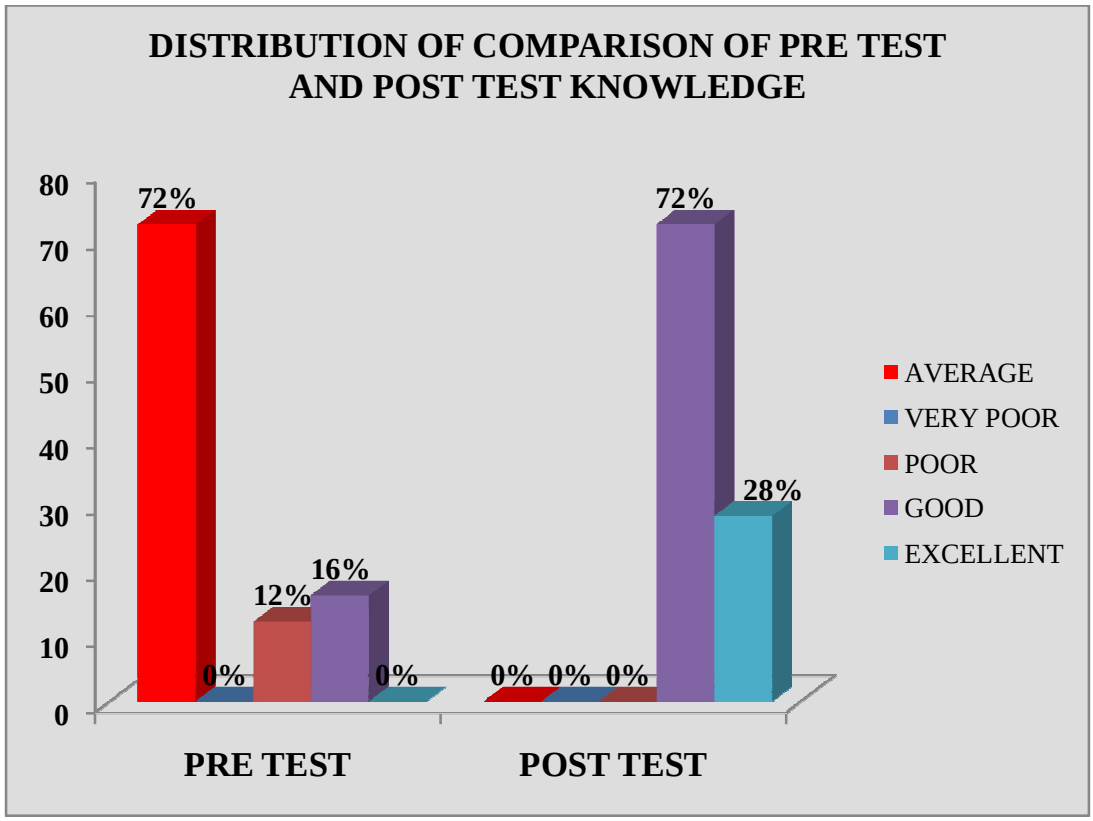

Figure 14: Comparison of pre test and post test level of knowledge.

The above table reveals that, in the pre test 6 school children (12%) have poor knowledge, 36 school children (72%) have average knowledge, 8 school children (16%) have good knowledge in the post test 6 school children (4%) have average knowledge and 36 school children (84%) have good knowledge and 8 school children (12%) have excellent knowledge regarding first aid safety measures in post test.

TABLE-5

Mean , SD and mean% of pre test and post test level of knowledge.

	Pre test			Post test			Difference in mean%
	Mean	**SD**	**Mean%**	**Mean**	**SD**	**Mean%**	
Overall	10.58	1.71	52.9	14.94	1.39	74.7	21.8

The above table reveals that the pre test mean score was 10.58, standard deviation was 1.71 and the mean% was 52.9. The post test mean score was 14.94, standard deviation was 1.39 and the mean% was 74.7. The difference in mean% was 21.8.

SECTION III

EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE REGARDING FIRST AID AND SAFETY MEASURES.

TABLE-6

Paired "t"-test to assess the effectiveness of self instructional module.

	Pre test			Post test			Difference in mean%
	Mean	**SD**	**Mean%**	**Mean**	**SD**	**Mean%**	
Overall	10.58	1.71	52.9	14.94	1.39	74.7	21.8

	Post test		Pre test		't'-value	P-value
	Mean	SD	Mean	SD		
Overall	14.94	1.39	10.58	1.71	22.31	0.000***

*P<0.05, significant and **P<0.01 &*** and P<0.001, highly significant

The above table reveals the pre test mean was 10.58, standard deviation was 1.71, mean% was 52.9 and post test mean was 14.94, standard deviation was 1.39, mean % was 74.7 with the calculated 't' value of 22.31 which showed high statistical significance at p<0.001 level.

SECTION IV

ASSOCIATION BETWEEN POST TEST LEVEL OF KNOWLEDGE AND SELECTED DEMOGRAPHIC VARIABLES.

TABLE-7

Association of post test level knowledge on first aid and safety measures among school children in selected school at Madurai with selected demographic variables.

N=50

Demographic variables	Good		Excellent		$\chi 2$	P-value
	f	%	f	%		
Age:						
a. 11-12 years	11	22	4	8		
b. 12-13 years	18	36	4	8	1.33	0.248
c. 13-14 years	11	22	0	0		
d. >14 years	2	4	0	0		
Religion:						
a. Hindu	38	76	8	16		
b. Christian	1	2	0	0		
c. Muslim	1	2	0	0	4.010	0.135
d. Others	2	4	0	0		
Type of Family:						
a. Nuclear family	22	44	6	12		
b. Joint family	20	40	2	4	2.000	0.157
c. Extended	0	0	0	0		
d. Separated	0	0	0	0		
Parent Educational status :						
a. Primary school	7	14	0	0		
b. Secondary school	16	32	4	8	4.100	0.261
c. Graduate	10	20	4	8		
d. illiterate	9	18	0	0		
Occupation:						
a. Home maker	18	36	2	4		
b. Daily wages	15	30	6	12		
c. Employee	5	10	0	0	2.100	0.368
d. Un Employee	4	8	0	0		

Demographic variables	Good		Excellent		$\chi 2$	P-value
	f	%	f	%		
Family size:						
a. Three	6	12	2	4		
b. Four	9	18	0	0		
c. Five	11	22	2	4	2.000	0.213
d. Above five	16	32	4	8		
Family income:						
a. <Rs.2000	27	54	4	8		
b. Rs.2001-4000	12	24	4	8		
c. Rs.4001-6000	2	4	0	0	4.000	0.135
d. >Rs.6000	1	2	0	0		
Place of residence:						
a. Rural	23	46	8	16		
b. Urban	18	36	0	0	3.000	0.083
c. Sub urban	1	2	0	0		
Food habit:						
a. vegetarian	18	36	4	8		
b. Non- vegetarian	24	48	4	8		
c. Raw vegetables	0	0	0	0	2.000	0.157

There was no significant association of post test level of knowledge with any of the demographic variables like age, religion, type of family, parent educational status, parent occupation, family income, family size, place of residing, and food habit.

CHAPTER- V

DISCUSSION

This chapter discusses in detail the findings of the analysis in relation to the objectives of the study. The aim of this study was to evaluate the effectiveness of self instructional module on first aid and safety measures among school children in selected school at Madurai.

The following were the objectives of the study and further discussion how these objectives were satisfied by the study.

Demographic variables of school children:

Among the school children, 46% were in the age group of 12-13 years. Majority 90% of them belong to Hindu. Most of the school children 56% were living in a nuclear family. Only 38% of them completed Higher secondary school education. 42% of parents were home maker. 38% of family's have more than five members. Majority 66% of them have a family income of below 2000. 62% belongs to rural area. 100% of children are males. 60% of school children are non vegetarian.

The first objective was to assess the pre test level of knowledge on first aid and safety measures among school children.

The analysis on pre test level of knowledge of school children among first aid and safety measures that, 6 school children (12%) have poor knowledge regarding first aid safety measures, 36 school children (72%) have average knowledge regarding first aid and safety measures, 8 school children (16%) have good knowledge regarding first aid safety measures.

These findings are in consistent with the studies conducted by Kavitha Rajan (2002), an evaluatory study to assess the effectiveness of Self Instructional Module on First aid and road safety measures among school children in selected school in Pune. A structured knowledge questionnaire was given to the school children, where post test knowledge was found to be higher than the pre test knowledge of school children about first aid and safety measures..

The study showed the mean post-test knowledge score (16.71) of the school children was found to be significantly higher than their mean pre-test knowledge score (10.11) as evident from 't' value (34)=16.12, ($p<0.05$ level), suggesting the effectiveness of the Self Instructional Module is improving the knowledge of school children among first aid and safety measures.

These findings are in consistent with the studies conducted by **Andersson 2003** conducted a study at school students can play an important role. The general knowledge of tooth avulsion and replantation improved from 39% to 97% and knowledge of avulsed permanent and primary teeth from 8% to 71%. Knowledge of how to clean an avulsed tooth improved from 5% to 93%. The knowledge level on the importance of extra-alveolar time before replantation increased from 1% to 74% and knowledge of a suitable storage medium for the avulsed tooth improved from 4% to 86%. Many avulsed permanent teeth in school children can be saved by replantation . A study concluded that lecture followed by discussion proved to be an effective and efficient method of intervention to enhance the knowledge level of students so that proper dental first-aid procedures can be achieved.

Sankar Moses (2002) conducted an evaluatory study to assess the effectiveness of Self Instructional Module on first aid and safety measures among school children in selected school at Gujarth. A structured knowledge questionnaire was given to children and the study findings shown that the mean post-test knowledge score (17.71) of the children was found to be significantly higher than their mean pre-test knowledge score (9.91) as evident from selected variables. The study concluded that the Self Instructional Module on first aid and safety measures was an effective strategy for enhancing the knowledge of the school children among first aid and safety measures.

The second objective was to evaluate the effectiveness of self instructional module on first aid and safety measures among school children .

The findings illustrated that the pre test mean was 10.58, standard deviation was 1.71, mean% was 52.9 and post test mean was 14.94, standard deviation was 1.39, mean % was 74.7 with the calculated 't' value of 22.31 which showed high statistical significance at $p<0.05$ level.

These findings are in consistent with the study conducted by Kavitha Rajan (2002), an evaluatory study to assess the effectiveness of Self Instructional Module on First aid and road safety measures among school children at selected school in Pune, where Self Instructional Module showed good effectiveness in improving the knowledge of school children.

The study showed the mean post-test knowledge score (16.71) of the school children was found to be significantly higher than their mean pre-test knowledge score (10.11) as evident from 't' value (34)=16.12, ($p<0.05$ level), suggesting the effectiveness of the Self Instructional Module improving the knowledge of school children among first aid and safety measures.

These findings are also correlate with the study conducted by **Shabbier Q 1999** conducted a study to assess knowledge, attitude and practices of first aid measures in school students of Karachi. The target population size was 460, based on 50% prevalence and 95% confidence interval. The eventual sample size achieved was 446.A total of 446 students were interviewed. Seventy eight students (17.5%) had formal First Aid (FA) training. The mean number of correct answers of students with FA training was 10.3 (+/- 3.5) as opposed to 8.58 (+/- 4.0) in those without FA training ($p < 0.001$, 95% CI) with a mean difference of 7.84%. The mean number of correct answers by medical students with FA training was 11.2 (+/- 2.9) as opposed to 7.2 (+/- 3.43) by non-medical students ($p < 0.001$, 95% CI) with a mean difference of 18.14%. Students having received formal first aid training scored better than those who had not ($p < 0.001$). The study concluded that first aid training programmes should be introduced at school and college level in developing countries to decrease the early mortality and morbidity of accidents and emergencies.

Thus the Hypothesis 1 **(H1) there was a significant difference between pre test and post test knowledge score regarding first aid and safety measures among school children.**

The third objective was to associate post test score with selected demographic variables on first aid and safety measures among school children.

The findings illustrated that there was no significant association of post test level of knowledge with any of the demographic variables like age, religion, type of family, educational status, occupation, family income, family size, place of residing, food habits.

But in the study conducted by Kavitha Rajan (2002), an evaluatory study to assess the effectiveness of Self Instructional Module on first aid and safety measures among school childrens at selected school in Pune a significant association was found between the pre test knowledge scores and the selected variables i.e. place of domicile (÷3=4.82), education (÷2=10.09), exposure to mass media (÷2=14),. 78.55 percent of school children's strongly agreed that the information booklet was useful for them.

Thus the Hypothesis 2 **(H_2) there was significant association between post test score with selected demographic variables was detained.**

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS.

This chapter contains the summary of the study and conclusion drawn. It clarifies the limitations of the study and the implications. The recommendations are given for different areas like nursing education, nursing administration and health care delivery system (nursing practice) and nursing research.

SUMMARY

This study was done to determine the effectiveness of Self Instructional Module on knowledge regarding first aid and safety measures among school children in selected school at Madurai.

The objectives of the study were;

- To assess the pretest level of knowledge on first aid and safety measures among school children.
- To evaluate the effectiveness of self Instructional module by comparing the pretest and post test knowledge of school children.
- To associate post test score with selected demographic variables.

The assumptions of the study were;

1. The Children possess inadequate knowledge regarding first aid and safety measures.
2. Self Instructional module will provide the knowledge regarding first aid and safety measures.

The research hypotheses formulated were;

H_1: There is a significant difference between pretest and post test knowledge score regarding first aid and safety measures among the school children.

H2 : There is significant association between post test score with the selected demographic variables.

The broad review of literature related studies, professional experience and expert's guidance which provides the strong foundation for the study including the basis for the conceptual framework and formation of the tool.

The main study was conducted from 1.10.2013 to 15.11.2013 at Govt. Elango higher secondary school at Madurai. School children who fulfilled the inclusive criteria using convenience sampling technique 50 samples were selected. The samples were divided into 5 groups. Each group contains 10 members.

A brief self introduction was given to all the subjects. The purpose of the study was explained to all the subjects and they were assured that confidentiality the data collected was maintained. Both verbal and written consent was obtained from all the subjects. Structured questionnaire was used to collect the baseline variables. On the first day pretest questionnaire was given to the subjects. On the 2nd day the subjects were provided self instructional module and instructed to read and clarify their doubts. On day 8th post test level of knowledge was assessed through structured questionnaire.

6.1 MAJOR FINDINGS OF THE STUDY

The data collected was analyzed using both descriptive and inferential statistics

- Among the school children, 46% were in the age group of 11-14 years.
- Majority 90% of them belong to Hindu.
- Most of the school children 56% were living in a nuclear family.
- 38% of parents completed Higher Secondary education.
- Majority of parents 42% were homemaker.
- 38% have more than five.
- Majority 66% of them have a family income below Rs. 2000
- 62% belongs to rural area.
- 60% of school children were Non-Vegetarian.
- The pre test level of knowledge, 6 school children (12%) have poor knowledge regarding first aid and safety measures, 36 school children (72%) have an average knowledge regarding first aid and safety measures and 8

school children (16%) have good knowledge regarding first aid and safety measures.

- The post test level of knowledge reveals that 36 school children (72%) have good knowledge and 14 school children (28%) have excellent knowledge regarding first aid safety measures in post test.

- The pre test mean score was 10.58 and standard deviation was 1.71.
- The post test mean score was 14.94 and standard deviation was 1.39
- The pre test mean was 10.58, standard deviation was 1.71, mean% was 52.9 and post test mean was 14.94, standard deviation was 1.39, mean % was 74.7 with the calculated 't' value of 22.31 which showed high statistical significance at $p<0.05$ level.
- There was no significant association of post test level of knowledge with any of the demographic variables.

6.2 IMPLICATIONS

The findings of the study have implications related to nursing administration, nursing practice, nursing education and nursing research regarding the increase in knowledge of students regarding selected first aid measures for children as well as educating the public and creating the awareness regarding common injuries and first aid measures for school children.

IMPLICATIONS FOR NURSING PRACTICE

Nurse must educate the students on common health problems by organizing health education session and by individual health education. Nurses have to develop instructional module to educate NCC students and other students. Student nurse can be posted in school health clinics to obtain skills in meeting the needs of the injured children by providing care and management Nurses and other health care providers play an important role in health promotion. They should focus on educating knowledge regarding first aid and safety measures to promote the health status of the children. Nurse and other health care providers working in hospital, community and clinical settings should have adequate knowledge about first aid and safety measures.

Nurses should regularly use the instructional package on home care management of epilepsy and evaluate the programme which in turn will minimize the mortality and morbidity among children.

IMPLICATIONS FOR NURSING EDUCATION

Nurse educator has to pay more attention on training of nursing students regarding common injuries in school children. So that they can impart appropriate knowledge to others. More emphasis has to be placed in the curriculum on preventive and promotive aspects in schools in preventing the injuries. Student nurses can be motivated to organize school health programmes to enhance the knowledge of students regarding measures for prevention of common injuries in school children. Encourage the student nurse to participate actively in health awareness in school health campaign. Nurse leaders have the responsibility to increase the knowledge of nurses regarding first aid safety measures. They should take active steps to include more content and health education about first aid and safety measures in basic nursing curriculum and also should arrange in- service education to nurses.

IMPLICATIONS FOR NURSING ADMINISTRATION

Nursing administrators should take interest in motivating the nursing personnel's especially special groups like National Cadet Corps. Nurse administrators have to plan and organize training programme for the nursing personnel, teachers and NCC officers on preventive and control measure on physical health problems in school children. Nurse administrators have to organize educational programmes in the schools and community settings. Necessary administrative support has to be provided to conduct workshops in school campus with appropriate A V Aids, Mass media, posters, role plays and puppet show.

IMPLICATIONS FOR NURSING RESEARCH

As the school children are more prone for injuries, it is important to educate the students regarding the first aid measures. The findings of the present study is helpful for the nursing professionals and nursing students to conduct further studies to find out the effectiveness of various methods of providing education on improving the knowledge among nurses and students. It will in turn strengthen nursing research.

This study revealed that there arises a need for extensive research in this area in different settings like community set up. Research will update the knowledge of nursing personnel in every day practice. Evidence based nursing practice must take a higher profile in order to increase the public awareness on first aid and safety measures.

6.3 RECOMMENDATIONS

On the basis of the study findings, the following recommendations are made;

- A similar study can be conducted on large sample to assess the effectiveness of Self Instructional Module on National Cadet Corps students and other students regarding selected first aid and safety measures.
- A comparative study can be conducted to assess the effectiveness of self instructional module knowledge regarding selected first aid and safety measures among National Cadet Corps students and other students who are not in NCC.
- A descriptive study can be carried out to assess the knowledge of school children regarding first aid and safety measures .
- A similar study can be conducted among general public
- Comparative study can be done on urban and rural school children regarding knowledge, attitude and practice on first aid and safety measures.

6.4 CONCLUSION

The present study assessed the knowledge of school children regarding first aid and safety measures, the school children had inadequate knowledge regarding first aid safety measures. After reading Self Instructional Module , there was a significant improvement in school children knowledge regarding first aid and safety measures. The study concluded that the Self instructional module was effective in improving the knowledge regarding first aid and safety measures among school children.

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TOOL

PART - 1
DEMOGRAPHIC DATA

1. Age
    a. 11-12 years
    b. 12-13 years
    c. 13-14 years
    d. Above 14 years
2. Parent educational status
    a. Primary
    b. Secondary
    c. Graduate
    d. Illiterate
3. Occupational status
    a. Home maker
    b. Daily wages
    c. Employed
    d. Unemployed
4. Family income per month
    a. Less than 2000
    b. Rs. 2001-4000
    c. Rs. 4001-6000
    d. More than Rs 8000
5. Type of family
    a. Joint family
    b. Nuclear family
    c. Extended family
    d. Separated family
6. Family size
    a. Three
    b. Four
    c. Five
    d. More than five

7. Religion
    a. Hindu
    b. Muslim
    c. Christian
    d. Others
8. Place of residence
    a. Urban
    b. Rural
    c. Sub urban
9. Food habit
    a. Vegetarian
    b. Non-vegetarian
    c. Raw vegetables
    d. All the above.

PART – 2

1. First aid box is necessary to provide the following the places
   a. Home
   b. Schools
   c. Industries
   d. All the above
2. Mention the articles needed for first aid box
   a. Medicine
   b. Plasters
   c. Bandages
   d. All the above
3. Principles of first aid is
   a. To preserve the life
   b. To prevent the worsening of the life
   c. To promote recovery
   d. All the above
4. First aid for the nasal bleeding is
   a. elevate the head
   b. change the position of the head
   c. hot water application
   d. plug the nasal orifice
5. Essential first aid of snake bite is
   a. Apply the pressure over the bite area
   b. Wash area with plain water
   c. Apply robe above the bite area
   d. Cut the bite mark site
6. The assessment is to rule out the sudden fall
   a. Consciousness
   b. Unconsciousness
   c. Semi consciousness
   d. All the above
7. Fracture means
   a. Tooth falling
   b. Break the continuity of bone
   c. Redness of the injured area
   d. Bleeding from the injured site
8. First aid for fracture is
   a. Apply pressure over the fracture area
   b. Immobilize the injured part with splint or available materials
   c. Don’t apply any support measures
   d. Provide privacy

9. For the scalds the first aid is to
    a. Pour the water
    b. Role the affected area with bandages
    c. Apply coffee powder
    d. Go to the hospital
10. Any foreign body present in the eye the essential first aid is to
    a. Rub the eyes
    b. Wash the eyes with water
    c. Manually removed
    d. Go to the hospital
11. For chemical injuries the essential first aid is to
    a. Go to the hospital
    b. Wash the area with water
    c. Cover the area with cloth
    d. Apply the oil
12. Any foreign body in the throat , the essential first aid is to
    a. Induce vomiting
    b. Make them to cough
    c. Go to the hospital
    d. Take food.

13. Purpose of traffic signal is
    a. Reduce accident
    b. Reduce traffic jam
    c. Reduce the crowd in the traffic area
    d. All the above
14. you identify the damaged electrical wire on the street ,what can you do
    a. Inform the electricity board
    b. Touch the wire
    c. Avoid the crowd
    d. Provide marking
15. While playing injuries to be prevented by
    a. Wearing the helmet
    b. Wearing of pads
    c. Wearing of knee cap
    d. All the above
16. While crossing the road the following should be observed
    a. Observe the signal light
    b. Observe the pedestrian line
    c. Watch the venders
    d. Observe both side.

17. Purpose of pedestrian line is to
    a. Prevent accident
    b. Safely cross the road
    c. Reduce the traffic jam
    d. All the above
18. Red signal indicates
    a. Go
    b. Stop
    c. Go slow
    d. Go quickly
19. Purpose of speed break is to
    a. Indicate the crowd area
    b. Go slow
    c. Wait and go
    d. Prevent accident
20. While walking the road you should follow
    a. Adapt the road traffic rules
    b. Walk the pedestrian line
    c. Adhere the road side
    d. All the above

Nfstpjjhs mlltiz

,ej Nfstpjjhs mlltiz KjYjtp kwWk ghJfhgG Kiwapid gwwpa gsspkhz thfspd mwpTjjpwid mwpa jahhpffggllJ.

,ej Nfstpjjhs mlltiz ,uzL gFjpfis nfhzlJ. Kjy gFjp r%f Fbikapay FwpgigAk ,uzlhk gFjp mwpTrhh tpdhffisAk nfhzlJ.

gphpT-m
r%f Fbikapay FwpgG

1. khz thpd taJ
    a. 11-12 MzLfs
    b. 12-13 MzLfs
    c. 13-14 MzLfs
    d. 14 MzLfSfF Nky
2. ngwNwhhpd fytpjjFjp
    a. Mukg fytp
    b. Nkyepiyffytp
    c. gllggbgG
    d. KJepiyffytp
3. njhopy
    a. rpWnjhopy
    b. jpdf$yp
    c. murhqfNtiy
    d. RaNtiy
4. FLkg tUkhdk (khjjjpwF)
    a. &.2001 Kjy &.4000 tiu
    b. &.4001 Kjy &.6000 tiu
    c. &.6001 Kjy &.8000 tiu
    d. &.8000fFk Nky
5. FLkgjjpd jdik
    a. $lLfFLkgk
    b. jdpfFLkgk
    c. tphpthffggll FLkgk
    d. gphpej FLkgk

6. FLkgjjpy csssthfspd vzzpfif
    a. %dW eghfs
    b. ehdF eghfs
    c. IeJ eghfs
    d. IejpwF Nky
7. kjk
    a. ,eJ
    b. fpwp]jth
    c. K]yk
    d. kwwit
8. trpfFk gFjp
    a. efhGwk
    b. fpuhkggwk
    c. Gwefh
    d. Fffpuhkk
9. czTggoffk
    a. irtk
    b. mirtk
    c. kwWk gpw (grir fhafwpfs)

gphpT-M

1. KjYjtp nglb venjej ,lqfspy NjitggLfpwJ?
   a. tL
   b. gsspfs
   c. njhopwrhiy
   d. Nkwfzl midjJk
2. KjYjtp nglbapy vdnddd cgfuzqfs ,UfFk?
   a. kUeJ
   b. gps]jph
   c. fhajij flLk Jzp
   d. Nkwfzl midjJk
3. KjYjtpapd mbggil nfhsif vdd?
   a. thoehs ghJfhggJ
   b. thoehs Nkhrkhtij jLggJ
   c. Fzkiltij mjpfhpffpwJ
   d. Nkwfzl midjJk
4. ehrpjJthujjpy ,UeJ VwgLk ,ujjffrpTfF vej KjYjtp Njitahdj?
   a. jiyia cahjj Ntzlk
   b. jiyapd epiyia khww Ntzlk
   c. RLjz zh xjjlk nfhLff Ntzlk
   d. ehrpjJthujij milff Ntzlk
5. ghkG fbfF vej mtrpakhd KjYjtp NjitggLfpwJ?
   a. fbjj ,ljjpy mOjjk nfhLff Ntzlk
   b. fbjj ,ljij rhjuz eiuf nfhzL fOt Ntzlk
   c. fbjj ,ljjpwF Nky fapwwpdhy fll Ntzlk.
   d. fbjj ,ljij ntlb,ujjjij eff Ntzlk.
6. xUth jpBnudW fNo tpOtjhy vij kjpggL nraa Ntzlk?
   a. Ra czhT css epiy
   b. czhtww epiy
   c. ghjp epidT css epiy (miu epidT)
   d. Nkwfzl midjJk

7. vYkG KwpT vdgJ
    a. ghjpffggll ,lk jbjjpUggJ
    b. vOkgpd njhlhrrpahd epiy JzbffggLtJ
    c. ghjpffggll ,lk rptgghf ,UggJ
    d. ghjpffggll ,ljjpy ,ujjffrpT VwgLtJ
8. vYkG KwpTfF vej KjYjtp mtrpakhdJ?
    a. vYkG KwpT Md ,ljjpy mOjjk nfhLggJ
    b. gpsej fkG (myyJ) fpiljj nghUis nfhzL mirit jLggJ
    c. cgfuzg nghUis jtpHggJ
    d. jdpikggLjJtJ
9. nfhjpfFk eh gll fhajjpwF nraAk KjYjtp vdd?
    a. eiu Cww NtzLk
    b. fhakgll ,ljjpy flL Jzpia itjJ fll NtzLk
    c. fhggpjJhis jlt NtzLk
    d. kUjJtkidfF nfhzL nryy NtzLk
10. meepanghUlfs (Jhrp) fzzpy tpOejhy nraa Ntzba KjYjtp ahit?
    a. fziz frff NtzLk
    b. fziz Rjjkhd eiuf nfhzL fOt NtzLk
    c. gpwhpd cjtpAld Jhrpia efFtJ
    d. kUjJtkidfF nryy Njitapyiy
11. urhadg nghUlfs fzzpy tpOejTld Vwgll fhajjpwF nraa Ntzba KjYjtp vdd?
    a. kUjJtkidfF nryy NtzLk
    b. jzzuhy fOt NtzLk
    c. Jzpapdhy fhajij %l NtzLk
    d. vznza jlt NtzLk
12. rhiyapy elfFk NghJ ftdpff Ntzbait ahit?
    a. rhiyNahu tpjpfis nghUejp elggJ
    b. rhiyNahukhf elff NtzLk
    c. eilghijapy elff NtzLk
    d. Nkwfzl midjJk

13. njhz ilaɪy meeɪa nghUlfs rɪffɪdhy mtrɪakhd KjYjtɪ vdd?
    a. thejɪia VwgLjJtJ
    b. ,Uky nraa itggJ
    c. kUjJtkid nryy NtzLk
    d. czT czgJ
14. rhiy mwɪFwɪaɪd Nehffk vdd?
    a. tɪgjJffis FiwggJ
    b. rhiy nehɪriy FiwggJ
    c. rhiy gFjɪaɪy kffs $lljij FiwggJ
    d. Nkwfzl midjJk
15. rhiyNahujjɪy Jzbffggll kɪd ,izgGffkgɪfis fzlhy ehk vtthW nraygl NtzLk?
    a. kɪdrhu thhɪajjɪwF njhɪtɪggJ
    b. kɪdfkgɪia njhLtJ
    c. kffs $lljij jtɪhggJ
    d. milahsk fhlLtJ
16. tɪisahLk NghJ fhaqfs Vwglhky vttɪjk jtɪhffyhk?
    a. jiyfftrk mzɪa NtzLk
    b. rɪWnkjij Nghdw Jzɪ mzɪtJ
    c. Koqfhy ftrk mzɪtJ
    d. Nkwfzl midjJk
17. rhiyia flfFk NghJ ftdɪff Ntzbait vit?
    a. milahs tɪsfif ftdɪggJ
    b. eilghij milahsjij ftdɪggJ
    c. eilghij tɪahghhɪfis ftdɪggJ
    d. rhiyaɪd ,UGwKk ftdɪggJ
18. eilghij milahsjjɪd Nehffk
    a. tɪgjjɪid jtɪhggJ
    b. ghJfhgghf rhiyaɪid flff cjTtJ
    c. rhiy nehɪriy FiwggJ
    d. Nkwfzl midjJk
19. rɪtgG milahs tɪsfF vjid FwɪffɪwJ?
    a. nrytjwF
    b. eɪwgjwF
    c. nkJthf nryy
    d. Ntfkhf nryy

20. Ntfjjilad Nehffk vdd?

a. rhiy nehriy Fwggj

b. nkJthf nry

c. fhjjUeJ nry

d. rhiy tgjjid jthff

SELF INSTRUCTIONAL MODULE ON FIRST AID AND SAFETY MEASURES

INTRODUCTI0N

First aid is the provision of initial care for an illness or injury. It is usually performed by non-expert, but trained personnel to sick or injured person until definitive medical treatment can be accessed. It generally consists of a series of simple and in some cases, potentially lifesaving technique that an individual can be trained to perform with minimal equipment. Safety measures are necessarily to be follow by all individuals to prevent injuries and illness. Students should have knowledge of safety measures, so they could use them in their day today life to have safe and secure life.

CENTRAL OBJECTIVES:

The self instructional module is constructed to improve knowledge of first aid and safety measures among school children.

CONTRIBUTORY OBJECTVIES:

At the end of the class the school children will able to,

1. define first aid
2. mention the principle of first aid
3. explain the articles in first aid kit
4. discuss about first aid management of hemorrhage and chemical burns
5. describe about first aid management of fracture and burns
6. elaborate the signs and symptoms and management of electrical shock
7. enumerate the first aid management of nose bleeding and foreign body in eye
8. mention the first aid management of snake bite and dog bite
9. list out the fist aid management of drowning and fainting
10. explain about road safety measures

S.No	Time	Contributory objectives	content	Teacher activity	Learner activity
1.		define first aid	First Aid is the immediate, temporary treatment given in the case of accident or sudden illness before the services of physician can be secured.	Explain with the help of self instructional module.	Reading and asking questions
2.		mention the principle of first aid	**General Principles of First-Aid** The general principles of first aid are: i. Rescue and removal of the casualty in the shortest possible time without aggravating existing health situation. ii. First aid should be confined to essentials only. iii. Immediate arrest of hemorrhage. iv. Restoration of respiration and circulation. v. Prevention of impending shock and treatment of shock if the victim is already in such a state. vi. Immobilization of simple and compound fractures and dislocations. vii. Alleviation of pain by simple procedures and medication. viii. Assurance of getting well quickly to the victim and moral boosting.	Explain with the help of self instructional module.	Reading and asking questions

S.No	Time	Contributory objectives	content	Teacher activity	Learner activity
3.		explain the articles in first aid kit	**First Aid Kit :** A good first aid kit must contain the following things : • Adhesive tape • Crepe bandage • Cotton • Wool • Sterile dressing • Soap • Gloves • Scissors • Thermometer • Medicine • Pain killer injection • Syringes etc.	 Provide self instructional module 	Reading and asking questions
4.		discuss about first aid management of Hemorrhage and burns	**First aid for Hemorrhage:** Hemorrhage is caused by the cuts produced by the careless handling of the pointed sharp edged weapons like knives, glass pieces; or blades .If the wound is large, the bleeding is arrested by pressing a clean wet cloth over the wound and then the person is taken to the hospital for further treatment		Reading and asking questions

S. No	Time	Contributory objectives	content	Teacher activity	Learner activity
			BURNS CHEMICAL **NOTE:** Treatment will vary with the nature of the chemical and the extent of the burn. **TREATMENT** 1. Call 108 immediately. 2. Wear gloves. 3. If the chemical is in a dry or powder form, carefully brush it off the skin before flushing with water. 4. Flush skin or eye immediately with large amounts of cool water. 5. Continue flushing 30 minutes or until EMS arrives. 6. If possible, remove outer clothing while burn is being flushed. 7. The person send to hospital for further treatment.	Provide self instructional module 	Reading and asking questions

S. No	Time	Contributory objectives	Content	Teacher activity	Learner activity
5.		describe about first aid management of fracture	**Fracture:** Fractures are the commonest injuries involving the bone. It is a break in the normal continuity of a bone. The fractures may be caused by three factors namely: 1.Direct attack 2.Indirect attack 3.Cramp **First Aid for Fracture:** Some sort of splint or scale must be applied above and below the spot of fracture and tied with the wet cloth. Then the person must be send to the hospital for further treatment.	 Provide self instructional module	Reading and asking questions
6.		elaborate the signs and symptoms and management of electrical shock	**ELECTRICAL SHOCK** **NOTE:** Electrical shock resulting from the passage of electric current through any part of the body is **potentially life threatening**. **SIGNS AND SYMPTOMS** ♦ Burns ♦ Weak, rapid pulse ♦ Cold, clammy skin ♦ Restlessness ♦ Confusion ♦ Unresponsive/unable to answer questions		

S. No	Time	Contributory objectives	Content	Teacher activity	Learner activity
			Management : 1.Call 108. 2. **Do not go near an individual who may have been injured by electricity until you are sure power.** **source has been turned off**. 3. If a power line is down, wait for the fire department/power company before approaching. 4. If applicable, turn off source of electrical current. 5. Wear gloves. 6. Check breathing and pulse. 7. If necessary, treat for Shock 8. Check individual for other injuries 9. **Do not** move individual. 10. Cover electrical burn with dry, sterile dressing. **Do not** cool burn . 11. The person shifted to hospital for further treatment.	Provide self instructional module 	Reading and asking questions

S. No	Time	Contributory objectives	Content	Teacher activity	Learner activity
7.		enumerate the first aid management of foreign body in the eye and nose bleeding.	FOREIGN OBJECT **SIGNS AND SYMPTOMS** ♦ Pain ♦ Tearing ♦ Redness ♦ Scratchy feeling in eye ♦ Vision changes **TREATMENT** 1. Wear gloves. 2. Urge individual to avoid rubbing affected eye. 3. Flush with lukewarm water. Turn head to the side and pour water from nose outward. 4. If particle seems imbedded**, do not** attempt to remove it. 5. If object remains, cover both eyes loosely with gauze or cloth to restrict eye movement. 6. Call parent and recommend immediate follow-up medical.	Provide self instructional module 	Reading and asking questions

S. No	Time	Contributory objectives	Content	Teacher activity	Learner activity
			NOSE NOSE BLEEDS **SIGNS AND SYMPTOMS** ♦ Bleeding ♦ Swelling ♦ Bruising ♦ Choking **TREATMENT** 1. Wear gloves. 2. If bleeding is from trauma, see **Head Injury**. 3. If bleeding is not related to trauma, keep individual slightly leaning forward and breathing through the mouth. 4. Loosen anything tight around the neck. 5. Pinch the sides of the nose against the septum (bone in center of nose) for at least 5-10 minute to allow a clot to form. 6. Tell individual not to blow nose or sniff for 1-2 hours in order to prevent dislodging the clot. 7. If bleeding does not stop in 5-10 minutes or individual has frequent episodes, repeat pressure to septum Send the person to hospital for further treatment.	Provide self instructional module 	Reading and asking questions

S. No	Time	Contributory objectives	Content	Teacher activity	Learner activity
8		mention the first aid management of snake bite and dog bite	**First Aid for Snake Bite :** lay the patient down, give him complete rest, never make him walk. Wash the wound with soap and water, flush the wound with a lot of water. Tie a rope firmly above and below the fang macks to prevent the spread of poison. Cover the wound with a sterilized dressing. Send the person to the hospital as quickly as possible. **First Aid for Dog Bite :** wipe the saliva away from the wound. Wash the wound thoroughly, with plenty of soap and water. Cover the wound with a dry, sterile dressing. Get medical aid or send the patient to the hospital for proper treatment.	Provide self instructional module  Provide self instructional module 	Reading and asking questions

S. No	Time	Contributory objectives	Content	Teacher activity	Learner activity
9		-list out the fist aid management of drowning and fainting	**Drowning :** Act quickly. Turn the victim face down with head to one side and arms stretched beyond his head. Raise the middle part of the body with your hands round the belly. The crowd must be dispersed .The drowned person must be made to lie down with his head down and body a little elevated. Remove wet clothing. Keep the body warm, cover with blankets. He can be given hot coffee or tea to drink. Then he must be taken to the hospital. **FAINTING** **SIGNS AND SYMPTOMS** ♦ Blurred vision ♦ Light-headedness ♦ Nausea ♦ Sweating and Loss of consciousness **TREATMENT** 1. Position individual on back on a flat surface. 2. If other injuries are present, see appropriate procedures. 3. If no injuries, elevate legs 8-12 inches. 4. Loosen clothing around neck and waist. 5. Apply cool, damp cloth to head. 6. Continue to observe carefully. 7. If recovery is not complete in 2 minutes, call 108.	Provide self instructional module   Provide self instructional module 	Reading and asking questions Reading and asking questions

S. No	Time	Contributory objectives	Content	Teacher activity	Learner activity
10		explain about road safety measures	1. .Pedestrians must walk on the pavements 2.While crossing roads, look to the right and left. 3.Should not cross the road in haste 4.While crossing the road one should not read or lose concentration. 5. Pedestrians must cross in the zebra crossing only 6. Should not walk in groups on the road 7. One must carefully walk in the places where the roads meet	 Provide self instructional module  	Reading and asking questions

S.No	Time	Contributory objectives	Content	Teacher activity	Learner activity
			Should not throw glass pieces, nails, banana, play on the road 10. Vehicles should be driven one after the other in an order on the left side 11. Must drive according to the signals of traffic police. 12. 'No Entry' and 'One Way' signs must be strictly respected. 13.Request that your children learn and obey all traffic signals. 14.Teach your children to be careful when walking past drive ways.	 Provide self instructional module  Provide self instructional module  	Reading and asking questions

CONCLUSION

Knowing first aid management and safety measures will help preserving life and preserving further injuries. Giving, taking and assisting in first aid care need skill and knowledge. Students can minimize illnesses and injuries by following simple safety measures; It is strongly recommended that an individual providing first aid should complete an approved first aid course. This module is useful for the school children as a source of reference while meeting the emergency situation.

KJYjtp kwWk ghJfhgG Kiw gwwpa Ra tpsff FwpgNgL

toqFgth:-

301217051
,uzlhk MzL KJepiy nrtpypa gllggbgG khzth
nrtpypaH fyYhhp
kJiu kUjJtffyYhhp
kJiu

KdDiu:

KjYjt vdgJ xU Neha myyJ fhak Nghdwtwwd Mukgeiy ftdgG MfwJ. ,J toffkhf kUjJt mDgtk myyhj Mdhy gawr ngww CoaHfs %yk fhakgll egH cWjahf KSikahd kUjJt ftdgG ngWk tiu nraaggLfwJ. ,J caHfhfFk Kiwfs %yk Fiwej cgfuzqfsnfhzL jdggll egHfshy nraaggLfwJ. midjJ jdegHfSk fhak kwWk Neha jLff ghJfhgG eltbfifia ifahStJ mtrak. khz tHfs ghJfhgG eltbfif Kiwfis njsthf njheJnfhss NtzLk.

ika Nehffk:

,ej Ra tsff FwgNgL cjtfnfhzL khz tHfsd KjYjtg gwwa mwTjjwid mjfggLjJjy.

gqfsgG Nehffk :

- tiuaiw:
- tiuaiw KjYjt
- KjYjtad Nehffqfis gwwrnrhy.
- KjYjt nglbay css cgfuzqfs FwjJ FwggL.
- ,ujjffrT kwWk jffhaqfs FwjJ fyeJ NgR.
- vOkG KwT KjYjtg gww $Wf.
- kdrhu ghjggdhy Vwglf$ba mwFwfs kwWk KjYjt gww ththf tsfFf.
- ehrjJthujjyUeJ tUk ,ujjf frtwF nraaNtzba KjYjtg gww tsfFf.
- eha kwWk ghkGffb Nghdwtwwf nraaNtzba KjYjt gww FwggLf.
- ehy %ofajwF nraaNtzba KjYjtg gww glbayLf.
- rhiy tjfis gww tsff $Wf.

.

t.vz	Neuk	gqfs¡gG Nehffqfs	ghlk	fwg¡ggth¡d nray	fwgth¡d nray
1 2		t iua iw KjYjt¡ KjYjt¡a¡d Nehffqfis gww¡rnrhy.	fhakgll xUtUfF Kjyhtjhf nraaggLk cjt¡ KjYjt¡ MFk. mbggll myyJ fhakgll xU egiu kUjJtkidfF miojJr nrytjwF Kddhy ekkhy ,adw cjt¡fisr nratjwF KjYjt¡ vdW ngaH. klG kwWk VwfdNt css Rfhjhu e¡iyik Nkhrk Mfhky FWf¡a fhyjj¡y t¡gjij mfwWjy. KjYjt¡ klLNk mjj¡ahtr¡akhf ,UffNtzLk. ,ujjgNghfif cldbahf jilnraaNtzLk. Rthrk kwWk ,ujj Xll Rowr¡ia NkkgLjj Ntz Lk. gh j¡ffggll e¡iya¡y csstUfF NkYk mj¡Hrr¡ (Shock) Vwglhky jt¡Hff Ntz Lk.	Ra t¡sff Fw¡gNgL toqFjy Ra t¡sff Fw¡gNgL toqFjy	gbjjYk Nfst¡fs NflL mw¡jYk

t.v z	Neuk	gqfs gG Nehffqfs	ghlk	fwg ggth d nray	fwgth d nray
3		KjYjt ngIba y c s s cgfuzqfs Fw j J Fw gg L.	vYkG KwTfs kwWk ,lgg rfy (Dislocation) mirahky ,Uff NtzLk. vs a eilKiwfs kwWk kUeJfs %yk ty ia Fiwff NtzLk. ghj ffgglIth lk t iut y FzkiltH vdW MWjy nrhyy NtzLk. • xllf$ba g sh]j h • f Nug flL • gQR • Ez f Uk fsmyyhj Rjj fh ffgglI Jz • Nrhg • ifAiwfs • fjjw fNfhs • ntggkhd • kUeJfs • ty Cr fs	 	gbjjYk Nfst fs NflL mw jYk

t.v z	Neuk	gqfs;gG Nehffqfs	ghlk	fwg;ggth;d nray	fwgth;d nray
		,ujjffr;T kwWk jffhaqfs Fw;jJ fyeJ NgR.	ntlLffhak r;w;ajhf ,Uejhy nlllhy fyej euhy JiljJ fhajj;d Nky Nghh;f gTlH NghlL> gQR itjJ flLjJz myyJ Jz; itjJ fll NtzLk. fhak ngh;ajhf ,Uejhy fr;T VwgLk ,ljj;y xU <ujJz;ahy mOjj;ffIb mej gFj;ia caHjj; itffNtzLk. Rthrk kwWk ,jajJbgig ftd;ff NtzLk. g;dG mej egiu kUjJtfftd;gg;wF miojJr nryyNtzLk. jggww;a xUtDfF cldbahf jffhak Vwgll ,ljj;y eiu grr; mbff NtzLk. jggww;a myyJ <ukhd rhfF myyJ fdkhd NghHitia cly;y NghlL NghHjj; jia mizjJ t;lL g;dG kUjJtkidfFf nfhzL nryy NtzLk. Nfhggsqfis mfww Ntzlhk	Ra t;sff Fw;gNgL toqFjy  	gbjjYk Nfst;fs NflL mw;jYk

t.vz	Neuk	gqfs;gG Nehffqfs	ghlk	fwg;ggth;d nray	fwgth;d nray
		vYkG KW;T KjYjt;g gww; $W.	vYkG KW;T fofhZk %dW fhuzqfshy Vwglyhk. 1.Neubahfj jhfFjy 2.kiwKfj jhfFjy 3.jira;d ,Wffk Mf;a %dW fhuzqfshy vYkG KW;T VwgLk. ,thW %dW fhuzqfshy VwgLk vYkG KW;T fofhZk tiffshfg gh;ffg gLf;dwJ. vYkG KW;T Vwgll ,ljj;wF NkYk fOk jgig myyJ mbfFrr;ia itjJ <ujJz;ahy flb kUjJtkidfF miojJr nryyNtzLk. vs;a eilKiwfs kwWk kUeJfs %yk ty;ia Fiwff NtzLk. gh;ffgglth;lk t;iut;y FzkiltH vdW MWjy nrhyy NtzLk.	 	gbjjYk Nfst;fs NflL mw;jYk

t.v z	Neuk	gqfs;gG Nehffqfs	ghlk	fwg;ggth;d nray	fwgth;d nray
		k;drhu ghj;gg;dhy Vwglf$ba mw;Fw;fs kwWk KjYjt; gww; t;thf t;sfFf.	mw;Fw;fs: jffhak› gytdkhd› t;iuthd ,jajJbgG› mikj;a;dik› Fs;ej Njhy› thej; t;aHjjy. eqfs cWj;ahf k;d ,izgG ,yiy vdW mw;Ak tiu ghj;ffggll egUfF mUf;y nryyNtzlhk. k;drhu njhlHG ,Uejhy jaizgGjJiw tUk tiu fhjj;Uff NtzLk.k;d ,izgig jil nraa Kawr;ff NtzLk. Rthrk kwWk ,jajJbgig ftd;ff NtzLk. ghj;ffgglltiu efHjj Ntzlhk. mej egiu jd;ggll Kiwa;y ftd;jJ cldbahf kUjJtfftd;gg;wF nfhzL nryyNtzLk.	Ra t;sff Fw;gNgL toqFjy 	gbjjYk Nfst;fs NflL mw;jYk

t.v z	Neuk	gqfs gG Nehffqfs	ghlk	fwg ggth d nray	fwgth d nray
		ehr j J thu j j y UeJ tUk ,u j j f fr t wF nraaNt z ba KjYjt g gww t sfFf. eha kwWk ghkGffb Nghdwtww wF nraaNt z ba KjYjt gww Fw gg Lf	ehr j J thu j j y UeJ u j j f f r T Vwgllhy j i y i a cahj j Nt z Lk. Fs hej eiu nfhzL xjjdk nfhLff Nt z Lk. tha to ahf %rRt Lk gb mw Tiu $w Nt z Lk. kUjJtkidfF nryy Nt z Lk. ghkG fbj j ,l j j wF NkYk fOk fa W nfhzL ,Wffkhff flbt l Nt z Lk. kUeJfs %yk ty ia Fiwff Nt z Lk. kUjJkidfF miojJr nryy Nt z Lk. ,JNt ghkG fbj j xUtDfFr nraAk KjYjt MFk.	 	gbj j Yk Nfst fs NflL mw j Yk gbj j Yk Nfst fs NflL mw j Yk

t.vz	Neuk	gqfs;gG Nehffqfs	ghlk	fwg;ggth;d nray	fwgth;d nray
		eh;y %of;ajwF nraaNtzba KjYjt;g gww; glbay;Lf.	ehaffbffhd KjYjt; Kiwfs: Foha jzziuf nfhzL Nrhg itjJ fbjj ,ljij edF fOt NtzLk. fbjj ,ljj;y vejt;j kUeJk› Rzzhk G› fhg; nghb Mf;atwiw jlt Ntzlhk clNd kUjJtkidfF nrdW kUjJt MNyhrid gb ehaffb jLgG-r; %dW jtizf;y Nghl NtzLk. ftdfFiwT myyJ NtW VjhtJ fhuzjj;dhNyh xUtd eh;y %of;dhy mtidf fhgghww Kjy;y fkG› fa;W › eskhd Jz; ,tww;d %ykhf fhgghww Kay NtzLk. ,it gadsffhj glrjj;y erry edF njh;eJ ,Uejhy eej; mtdjJ jiyKbiag gww; ,OjJ fhgghww NtzLk. eh;y %of;a egH jzziuf FbjJ ,Uejhy mtUfF fofhZk Kiwa;y r;f;rir msff NtzLk.	 	gbjjYk Nfst;fs NflL mw;jYk gbjjYk Nfst;fs NflL mw;jYk

t.vz.	Neuk	gqfs;gG Nehffqfs	ghlk	fwg;ggth;d nray	fwgth;d nray
			1. ntlbahff $ba;UfFk $lljijf fiyeJ nryyr nrajy NtzLk. 2. eh;y %of;athd jiyiaf fohfTk> cly gFj; rwW caHej e;iya;Yk ,UfFkgb gLffitjJ > ta;wWggFj;ia mOjj; mtd Fbjj eiu nts;Naww NtzLk. 3. mtd jhdhfNt jhuhskhfr Rthr;ff Mukg;jjhy mtDila <u Milfis eff; cyHej Milfis mz;t;ff NtzLk. 4. #lhd fhgg; B Nghdw ghdqfis gUfr nraayhk. 5. kUjJtkidfF miojJr nryy NtzLk.	 Ra t;sff Fw;gNgL toqFjy	

t.vz.	Neuk	gqfs;gG Nehffqfs	ghlk	fwg;ggth;d nray	fwgth;d nray
		J}r;> fy Nghdw mee;ag nghUlfs fzz;y ghj;jjhy nraaNtzba KjYjt;	w;Fw;fs: ty;> f;o;jjy› r;tjjy› ghHit khwwqfs ghj;ffggll fziz Kjy;y frff Ntzlhk. jiyik xUGwkhf rhajJ ghj;ffggll fziz Fs;Hej euhy fOtNtzLk:Jfs njh;ejhy mij eff Kawr;ff Ntzlhk. J}aikahd Jz;fnfhzL ghj;ffggll fziz %bfnfhss NtzLk. cldbahf fz kUjJtkidfF nryy NtzLk.		gbjjYk Nfst;fs NflL mw;jYk
		mee;ag nghUlfs njhzila;y r;ff;dhy nraaNtzba KjYjt;	NgRtij jt;HffNtzLk. czT clnfhssf $lhJ. t;OqFjiy jt;Hff NtzLk. kUjJtkidfF nryyNtzLk.	Ra t;sff FwgNgL toqFjy	gbjjYk Nfst;fs NflL mw;jYk

t.vz	Neuk	gqfs;gG Nehffqfs	ghlk	fwg;ggth;d nray	fwgth;d nray
		,urhad Ntj;nghUlfs cly;y gllhy nraa Ntzba KjYjt; rhiy t;j;fis gww; t;sff; $Wf. .	cldbahf gh j;ffggll ,ljj;y ,UeJ cilfis eff NtzLk. eiu nfhzL gh j;ffggll ,ljij fOt NtzLk. Jhaikahd Jz;ia nfhzL gh j;ffggll ,ljij %l NtzLk. cldbahf kUjJtkidfF nryy NtzLk. **rhiya;y ghJfhgG** 1. elggtHfs eilghija;y jhd elff NtzLk. 2. r;tgG milahs t;sfF e;y vdgij Fw;ff;wJ 3. grir milahs t;sfF nry vdgij Fw;ff;wJ. 4. kQrs milahs t;sfF ftd; vdgij Fw;ff;wJ. 5. Ntfjjil t;gjj;id Fiwff cjTf;wJ.	  	gbjjYk Nfst;fs NflL mw;jYk gbjjYk Nfst;fs NflL mw;jk

t.v z.	Neuk	gqfs¡gG Nehffqfs	ghlk	fwg¡ggth¡d nray	fwgth¡d nray
			6. rhiya¡y Jzbffggll k¡d ,izgGfis fzlhy cldbahf k¡dthh¡ajj¡wF njh¡t¡ff Ntz Lk. 7. rhiyiaf flfFknghOJ tyJ› ,lJ› gffkhfg ghHjJr nryy Ntz Lk. 8. rhiyiaf flfFk nghOJ e¡jhdkhfr nryy Ntz Lk mtrukhf Xlf$lhJ. 9. rhiyiaf flfFk nghOJ gbjJfnfhz Lk› r¡ejid nraJ nfhz Lk nryyf$lhJ. 10. ghjrhh¡fs flggjwnfdW Nfhblf fhllgglLss ,lqfs¡yjhd rhiyiaf flff Ntz Lk. 11. rhiiya¡y elfFk NghJ $llkhf nryyf$lhJ. 12. rhiyfs rej¡fFk ,lqfs¡y k¡fTk ftdkhfTk› e¡jhdkhfTk nryy Ntz Lk.	  	gbjjYk Nfst¡fs NflL mw¡jYk

t.v z.	Neuk	gqfs¡gG Nehffqfs	ghlk	fwg¡ggth¡d nray	fwgth¡d nray
			13. NghfFtujJ fhtyhfs¡d nraiffis mDrh¡jJ nryy NtzLk 14. thfdqfis XlLkNghJ xU to¡gghij› EioahNj Nghdw milahsqfis fzL elff NtzLk.		gbjjYk Nfst¡fs NflL mw¡jYk

KbTiu

KjYjt‰ kwWk ghJfhgG Kiwfis njhœeJ nfhstjd %ykhf t‰gjj‰id jt‰HjJ ghJfhgghd thofifia ngwyhk. ,ej Ra t‰sff Fw‰gNgL khztHfSfF t‰gjJ Neujj‰y r‰wej MNyhridia ms‰fFk. cldbahd r‰f‰rir ms‰ggjd %yk kd‰j thot‰d ngUk ghj‰gig jt‰hffyhk.

KJYjtp kwWk ghJfhgG Kiw gwwpa Ra tpsff FwpgNgL

toqFgth
301217051
,uz lhk MzL KJepiy nrtpypa gllggbgG
khzth
nrtpypaH fyYhhp
kJiu kUjJtffyYhhp
kJiu

KjYjtp

KdDiu:

KjYjtp vdgJ xU Neha myyJ fhak Nghdwtwwpd Mukgeptiy ftdpgG MfpwJ. ,J toffkhf kUjJt mDgtk myyhj Mdhy gapwrp ngww Copaufs %yk fhakgll egH cWjpahf KSikahd kUjJt ftdpgG ngWk tiu nraaggLfpwJ. ,J capHfhfFk Kiwfs %yk Fiwej cgfuzqfsnfhzL jdpggll egHfshy nraaggLfpwJ. midjJ jdpegHfSk fhak kwWk Neha jLff ghJfhgG eltbfifia ifahStJ mtrpak. khztHfs ghJfhgG eltbfif Kiwfis njspthf njhpeJnfhss NtzLk.

tiuaiw KjYjtp:

fhakgll xUtUfF Kjyhtjhf nraaggLk cjtp KjYjtp MFk. mbggll myyJ fhakgll xU egiu kUjJtkidfF miojJr nrytjwF Kddhy ekkhy ,adw cjtpfisr nratjwF KjYjtp vdW ngaH.

KjYjtp nglb tL› gsspfs› mYtyfqfs kwWk njhopwrhiyfs› jpiuauqFfs Mfpa midjJ ,lqfspYk NjitggLfpwJ.

KjYjtp nglbapy fhajij flLk Jzp kUeJ› gpsh]jhp› fjjhpfNfhy› gQR› Mfpa cgfuzqfs ,UfFk.

KjYjtpad Nehffqfs:

1) klG kwWk VwfdNt css Rfhjhu epiyik Nkhrk Mfhky FWfpa fhyjjpy tpgjij mfwWjy.
2) KjYjtp klLNk mjjpahtrpakhf ,UffNtzLk.
3) ,ujjgNghfif cldbahf jilnraaNtzLk.
4) Rthrk kwWk ,ujj Xll Rowrpia NkkgLjj NtzLk.
5) ghjpffggll epiyapy csstUfF NkYk mjpHrrp (Shock) Vwglhky jtpHff NtzLk.
6) vYkG KwpTfs kwWk ,lggprfy (Dislocation) mirahky ,Uff NtzLk.
7) vspa eilKiwfs kwWk kUeJfs %yk typia Fiwff NtzLk.
8) ghjpffgglthplk tpiutpy FzkiltH vdW MWjy nrhyy NtzLk.

KjYjtp nglbapy css cgfuzqfs

- xllf$ba gpsh]jph
- fpNug flL
- gQR
- Ezfpukpfs myyhj Rjjpfhpffggll Jzp

- Nrhg
- ifAiwfs
- fjjwfNfhs
- ntggkhd
- kUeJfs
- ty Crfs

,ujjfrtwfhd KjYjt Kiwfs:

ntlLffhak rwajhf ,Uejhy nlllhy fyej euhy JiljJ fhajjd Nky Nghhf gTlH NghlL› gQR itjJ flLjJz myyJ Jz itjJ fll NtzLk. fhak nghajhf ,Uejhy frT VwgLk ,ljjy xU <ujJzahy mOjjffIb mej gFjia caHjj itffNtzLk. Rthrk kwWk ,jajJbgig ftdff NtzLk. gdG mej egiu kUjJtfftdggwF miojJr nryyNtzLk.

J}rp fy Nghdw meeag nghUlfs fzzy ghjjjhy nraaNtzba KjYjt:

mwFwfs: typ fojjjy› rtjjy› ghHit khwwqfs

ghj‰ffggll fziz Kjy‰y frff Ntzlhk. jiyik xUGwkhf rhajJ ghj‰ffggll fziz

Fs‰Hej euhy fOtNtzLk:Jfs njh‰ejhy mij eff Kawr‰ff Ntzlhk. J}aikahd Jz‰fnfhzL ghj‰ffggll fziz %bfnfhss NtzLk. cldbahf fz kUjJtkidfF nryy NtzLk.

mee‰ag nghUlfs njhzila‰y r‰ff‰dhy nraaNtzba KjYjt‰:

NgRtij jt‰HffNtzLk. czT clnfhssf $lhJ. t‰OqFjiy jt‰Hff NtzLk. kUjJtkidfF nryyNtzLk.

,urhad Ntj‰nghUlfs cly‰y gllhy nraa Ntzba KjYjt‰

cldbahf ghj‰ffggll ,ljj‰y ,UeJ cilfis eff NtzLk. eiu nfhzL ghj‰ffggll ,ljij fOt NtzLk. Jhaikahd Jz‰ia nfhzL ghj‰ffggll

,ljij %l NtzLk. cldbahf kUjJtkidfF nryy NtzLk.

ehr; Jthujj;y;UeJ ujjffr;T Vwgllhy nraa Ntzba KjYjt;

ehr;jJthujj;y;UeJ ujjffr;T Vwgllhy jiyia cahjj NtzLk. Fs;hej eiu nfhzL xjjdk nfhLff NtzLk. tha to;ahf %rRt;Lk gb mw;Tiu $w NtzLk. kUjJtkidfF nryy NtzLk.

xUtH j;BnudW fNo t;Oejhy nraa Ntzba KjYjt;

mw;Fw;fs : kqfyhd ghHit› jiyty;› thej;› t;aHjjy› Rae;idT ,ojjy.

ghj;ffggll egiu rkjsg gugg;y gLff itff NtzLk. fhwNwhllk ngw to; nraaNtzLk. Milfis cyHjjNtzLk.

Ra czHNthL ,Uff;whuh vdW njh;eJnfhss NtzLk. fhaqfs ,yiynadwhy 8-y;UeJ 12 mb tiu fhyfis caHjj; ,ujj Xlljij rHnraa NtzLk. Njitaww

$llj ij jtPhff NtzLk. jiyia xU GwkhF jPUgg NtzLk. KfjjPy jzzh njsPff NtzLk. RaePidtPwF jPUkgPaTld kUjJtkidfF nfhzL nryy NtzLk.

vYkG KwPtPwfhd KjYjtP KiwfS:

vYkG KwPT fofhZk %dW fhuzqfshy VwglyhK. 1.Neubahfj jhfFjy 2.kiwKfj jhfFjy 3.jiraPd ,Wffk MfPa %dW fhuzqfshy vYkG KwPT VwgLk. ,tthW %dW fhuzqfshy VwgLk vYkG KwPT fofhZk tiffshfg gPhPffg gLfPdwJ.

vYkG KwPT Vwgll ,ljjPwF NkYk fOk jgig myyJ mbfFrrPia itjJ <ujJzPahy flb kUjJtkidfF miojJr nryyNtzLk. vsPa eilKiwfs kwWk kUeJfs %yk tyPia Fiwff NtzLk. ghjPffgglthPlk tPiutPy FzkiltH vdW MWjy nrhyy NtzLk.

jgGz

neUgG›#lhd ghjjuk› nfhjeH› kdrhuk› juhtfk Nghdwitfshy xUtDfF jgGz Vwglyhk .mggbggll #oeiyay Nehasf F ,sQ#Lss ghdqfisj jhuhskhff nfhLff NtzLk. gHdhy› thryd Nghdwitfisg Gzzd Nky jlt NtzLk. ,sQ#Lss cgG eHffiuryy eidjj Rjjkhd Jzfisj jffhak Vwgll ,ljjy NghlL kUjJthlk miojJr nryy NtzLk.

jggwwa xUtDfFr nraAk KjYjt

jggwwa xUtDfF cldbahf jffhak Vwgll ,ljjy eiu grr mbff NtzLk. jggwwa myyJ <ukhd rhfF myyJ fdkhd NghHitia clyy NghlL NghHjj jia mizjJ tlL gdGkUjJtkidfFf nfhzL nryy NtzLk. Nfhggsqfis mfww Ntzlhk.

kd ghjgG VwglltHffhd KjYjt Kiwfs:

mwFwfs: jffhak› gytdkhd› tiuthd ,jajJbgG› mikjaadik› Fsej Njhy› thejp taHjjy.

eqfs cWj‰ahf k‰d ,izgG ,yiy vdW mw‰Ak tiu ghj‰ffggll egUfF mUf‰y nryyNtzlhk. k‰drhu njhlHG ,Uejhy jaizgGjJiw tUk tiu fhjj‰Uff NtzLk.k‰d ,izgig jil nraa Kawr‰ff NtzLk. Rthrk kwWk ,jajJbgig ftd‰ff NtzLk. ghj‰ffgglltiu efHjj Ntzlhk. mej egiu jd‰ggll Kiwa‰y ftd‰jJ cldbahf kUjJtfftd‰gg‰wF nfhzL nryyNtzLk.

eh‰y %oFjy

ftdfFiwT myyJ NtW VjhtJ fhuzjj‰dhNyh xUtd eh‰y %of‰dhy mtidf fhgghww Kjy‰y fkG› fa‰W › eskhd Jz‰ ,tww‰d %ykhf fhgghww Kay NtzLk. ,it gads‰ffhj glrjj‰y erry edF njh‰eJ ,Uejhy eej‰ mtdjJ jiyKbiag gww‰ ,OjJ fhgghww NtzLk. eh‰y %of‰a egH jzziuf FbjJ ,Uejhy mtUfF fofhZk Kiwa‰y r‰f‰rir ms‰ff NtzLk.

6. ntlbahff $ba‰UfFk $lljijf fiyeJ nryyr nrajy NtzLk.
7. eh‰y %of‰ath‰d jiyiaf fohfTk› cly gFj‰ rwW caHej e‰iya‰Yk ,UfFkgb gLffitjJ › ta‰wWggFj‰ia mOjj‰ mtd Fbjj eiu nts‰Naww NtzLk.
8. mtd jhdhfNt jhuhskhfr Rthr‰ff Mukg‰jjhy mtDila <u Milfis eff‰ cyHej Milfis mz‰t‰ff NtzLk.
9. #lhd fhgg‰ B Nghdw ghdqfis gUfr nraayhk.
10. kUjJtkidfF miojJr nryy NtzLk.

ghkG fbjj xUtDfFr nraAk KjYjt‰

ghkG fbjj ,ljj‰wF NkYk fOk fa‰W nfhzL ,Wffkhff flbt‰l NtzLk. kUeJfs %yk ty‰ia Fiwff NtzLk.

kUjJkidfF miojJr nryy NtzLk. ,JNt ghkG fbjj xUtDfFr nraAk KjYjt‰ MFk.

ehaffbffhd KjYjt‰ Kiwfs:

Foha jzziuf nfhzL Nrhg itjJ fbjj ,ljij edF fOt NtzLk.

fbjj ,ljj‰y vejt‰j kUeJk› Rz zhkG› fhg‰ nghb Mf‰atwiw jlt Ntzlhk.

clNd kUjJtkidfF nrdW kUjJt MNyhrid gb ehaffb jLgG‹r‰ %dW jtizf‰y Nghl Ntz Lk.

rhiya‰y ghJfhgG

15. elggtHfs eilghija‰y jhd elff Ntz Lk.

16. r‰tgG milahs t‰sfF e‰y vdgij Fw‰ff‰wJ

17. grir milahs t‰sfF nry vdgij Fw‰ff‰wJ.

18. kQrs milahs tpsfF ftdp vdgij Fwpffpwj.
19. Ntfjjil tpgjjpid Fiwff cjTfpwJ.

20. rhiyapy Jzbffggll kpd ,izgGfis fzlhy cldbahf kpdthhpajjpwF njhptpff Ntzlk.
21. rhiyiaf flfFknghOJ tyJ› ,lJ› gffkhfg ghHjJr nryy Ntzlk.
22. rhiyiaf flfFk nghOJ epjhdkhfr nryy Ntzlk mtrukhf Xlf$lhJ.
23. rhiyiaf flfFk nghOJ gbjJfnfhzlk› repjid nraJ nfhzlk nryyf$lhJ.
24. ghjrhhpfs flggjwnfdW NfhblLf fhllgglLss ,lqfspyjhd rhiyiaf flff Ntzlk.
25. rhiiyapy elfFk NghJ $llkhf nryyf$lhJ.

26. rhiyfs rejpfFk ,lqfspy kpfTk ftdkhfTk> epjhdkhfTk nryy NtzLk.
27. thfdqfis XlLk NghJ xdwd gpd xdwhf ,lJGwk nryy NtzLk.

28. NghfFtujJ fhtyhfspd nraiffis mDrhpjJ nryy NtzLk
29. thfdqfis XlLkNghJ xU topgghij> EioahNj Nghdw milahsqfis fzL elff NtzLk.

KbTiu:

KjYjtp kwWk ghJfhgG Kiwfis njhpeJ nfhstjd %ykhf tpgjjpid jtpHjJ ghJfhgghd thofifia ngwyhk. ,ej Ra tpsff Fwpgngl khztHfSfF tpgjJ Neujjpy rpwej MNyhridia mspfFk. cldbahd rpfprir mspggjd %yk kdpj thotpd ngUk ghjpgig jtphffyhk.